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AUTHOR Brion-Meisels, Steven; And Others
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ABSTRACT

This teacher's manual is one volume in a six volume curriculum for the secondary level, designed to provide a systematic, group-oriented approach to decision-making in areas crucial to adolescent development: sexuality and social relationships, drug (substance) use and abuse, work, juvenile law, and people and government. An introductory section lists the general goals of the curriculum, i.e, to provide factual information, to give students an opportunity to anticipate, practice, and reflect on decisions they face or will face about sexual behavior, and to legitimize student questions and concerns. Lesson format and suggested teaching strategies, e.g., role plays, collages, brainstorming, are also described in the introduction and suggestions for staff training, and parent and community involvement, and a list of audiovisual materials and references are provided. The 23 content lessons cover anatomy and puberty; changing relationships (decisions, parents, friendships, dating, sex roles, homosexuality); sexual activity (readiness, pregnancy, birth control, disease); and parenting and lifestyle. Each lesson lists goals, activities, needed materials, and references. Activities and materials include vocabulary lessons, confidential question boxes, worksheets, strategies for decision-making, homework, and lesson evaluations. A final student assessment and course evaluation complete the manual. (BL)

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ADOLESCENT DEVELOPMENT AND SEXUALITY. ADOLESCENT DECISIONS CURRICULUM

Steven Brion-Meisels
Gwen Lowenheim
Beth Rendeiro

Adolescent Issues Project 1982
Judge Baker Guidance Center
295 Longwood Avenue
Boston, Massachusetts 02115

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PREFACE

The Adolescent Decisions program represents a cooperative effort among a group of teachers, school counselors, administrators, students, parents, and researchers, under the umbrella of the Adolescent Issues Project (funded by the United States Office of Education, Special Education Projects Grant G008001910, and the Judge Baker Guidance Center).

We are indebted to the students, staff, and parents of the Manville School in the Judge Baker Guidance Center, in Boston, Massachusetts -- who provided the initial impetus and support for the program. We are also thankful for the support, ideas, and feedback provided by students and staff at 15 schools who have tested components of the program -- especially the Bay Cove High School, Holden School, Manville School and River Street Mini-School, which all served as replication sites during the 1982-83 school year.

We are thankful for the support provided by the staff of the United States Office of Education (Special Education Projects), and the staff at Program Development Assistance Systems, especially Ms. Julie Becklund.

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TEACHER'S GUIDE

The purpose of this guide is not to argue the need for sex education, but rather to explore some techniques and methods for teaching sex education. This teacher's guide will describe the contents of the curriculum that follows and present some ideas on preparing for and implementing a sex education course.

The Adolescent Development and Sexuality curriculum is a preventive program to help adolescents and adults deal with biological and social changes related to sexual development. The goals of the program are: 1) to provide factually correct information in order to correct misconceptions regarding anatomy, puberty, contraception, etc. and provide teens with facts with which they can make informed decisions, 2) to give students an opportunity to anticipate, practice and reflect on the kinds of decisions they face, or will be facing, about sexual behavior and it's consequences, 3) to legitimize student questions and concerns regarding sexual development and provide a forum in which open discussion results in increased awareness and tolerance for self and others.

The Teacher's Guide will describe the specifics of the curriculum, the structure of each lesson and the premises behind our approach. There will be a section on getting started, involving parents, anticipating problems, dealing with difficult issues and making curricular decisions.

This curriculum is appropriate for use with both special and regular education students. It was originally written for teens who were reading below grade-level, resulting in a reading level of approximately fifth grade, excluding the technical vocabulary. The interests and concerns of adolescence are generalizable to most adolescent populations, be they students diagnosed as having special needs or those in regular education programs. Our field test experiences have shown that special needs classes may be more conducive to the teaching of sex education because their small class size results in closer relationships between peers and teachers, which

supports discussion of difficult topics. On the other hand, the larger group found in most regular education classes offers an anonymity that many find reassuring and safe. Nonetheless, the curriculum provides a legitimate and controlled way for talking about adolescent development.

PHILOSOPHY OF THE CURRICULUM

There are a few premises that underlie the curriculum design. One is that students learn best when a variety of instructional methods are employed and students get practice making decisions in a safe setting. The curriculum will be most effective if the range of activities are used and students are allowed/encouraged to take risks, make mistakes and learn from one another. This requires that the adult(s) share some of the power in the group and be involved in helping the students take some control for their learning. A second premise is that students learn best when they become adept at communicating with one another about shared information. The curriculum places an emphasis on group work, whereby students and staff are encouraged to verbally share ideas, opinions and questions. Students are asked to work in pairs, on role plays and in large groups so that they may develop a facility for communicating about sexuality. The third premise is that there are a range of skills that facilitate adolescent negotiation and decision-making about sexual behavior. They need to be able to take another person's perspective, develop alternative solutions to problems, be aware of consequences, reflect on their own role in their decisions, evaluate their choices and communicate their needs, interests and concerns. Developing these skills takes practice; this curriculum tries to provide practice with these skills in a range of topic areas.

STRUCTURE OF THE CURRICULUM

I. Cover Sheet

The first page of each lesson plan is the cover sheet. It lists the title of the lesson, it's goals and objectives. Next is a list of all the activities in

the lesson, in order of appearance. The "materials" list helps the teacher prepare for each lesson by highlighting which materials are not included as part of the curriculum. For example, materials for a collage will need to be gathered by the teacher; they are not part of the curriculum packet. "References" suggests selections of books that will provide more information on the lesson topic for the teacher, students, parents or colleagues.

II. Notes For The Teacher

The next section is titled "Notes for the Teacher". This includes a description of and directions for each of the lesson activities. This represents a lesson plan.

III. Student Worksheets

The final portion of each lesson are the student worksheets. These are framed by a line border and have no page numbers. The worksheets range from anatomy diagrams to true-false sheets to hypothetical case situations that can be role-played, discussed or read aloud. Many of the lessons have homework sheets which appear as the final page of the student worksheets. There is only one copy of each student worksheet, so the teacher must provide student copies.

LESSON ACTIVITIES

Vocabulary (Slang and Medical Terms)

Although most people feel uncomfortable discussing sexuality it is important for students to learn some of the correct anatomical terms, so that they can: get and use medical help, communicate effectively when necessary and be aware of what words mean. Some sex educators insist that students use only medical terminology during lessons; others feel that open communication is the first priority and allow students to use whatever terms will facilitate student participation. Each teacher needs to determine educational priorities in dialogue with colleagues, students and parents.

It is easiest if a ground rule about terminology is set from the beginning. Students will learn the medical terms quickly if they are expected to do so. Medical terms can provide a safety and structure that slang terms do not, but occasionally the unfamiliar terms block communication. Three activities and strategies help students learn vocabulary: First, the consistent use of anatomy diagrams which are clearly labelled with medical terms will familiarize students with new vocabulary. The teacher should always try to use medical terms and remind students of the correct word when the student can't remember or is embarrassed. For example, if a student says "dick" you can say "oh, you mean the penis". One teacher using the curriculum asked students to repeat each new term out loud. For example, in a class on intercourse, she asked the whole class to repeat each new term as she used it. Students may be reluctant or shy, but consistent, clear expectations will result in greater group participation.

The Slang Term exercise is a second way to teach vocabulary. This activity allows students to use the slang terms they know in a structured and fun way. Most students have fun with this exercise because it legitimizes "their" words, in a game that feels "forbidden", and at the same time familiarizes students with the meanings for commonly-used slang terms.

"Hangman" is a third method for teaching vocabulary. When a new term is learned, or as a review exercise, a student or the teacher(s) can choose a term and play "Hangman" with it. This is a fun way to learn difficult vocabulary in a non-threatening and impersonal way. The terms lose a lot of their significance if they are used frequently in a variety of ways and as academically as possible.

Anonymous Question Box

Concerns about defining the limits of personal privacy and maintaining a reasonable safety level calls for activities that can be used as outlets for embarrassing questions. The Anonymous Question Box encourages student questions while at the

same time maintaining confidentiality. We have used oatmeal or shoe boxes, coffee cans or wooden boxes with small padlocks. The box should have a slot big enough for paper but too small for hands. It should be clearly marked and accessible during class. If each student has pencil and paper or index cards available, it is easy to write down questions during class. Remind students that spelling doesn't count, and that any question is legitimate for the Question Box.

Each lesson begins with a time to answer questions from the previous lesson. The time lag allows the teacher to sort through questions, research answers where needed and separate out questions that require personal answers or are too inappropriate for classroom discussion.

The Question Box lets all students benefit from questions that they might be too self conscious to ask out loud. It is a highly successful way of letting shy students participate and gets hidden issues out in the open. It models a willingness on the part of adults to answer questions. Ultimately, it cuts down on provocative questions usually intended to embarrass or tease. Urge students to ask anonymous questions.

Written Worksheets

Many students enjoy and respond to the structure of written work. Most lessons include some kind of activity that can be done individually at a desk. The worksheets offer a structured and concrete focus for students with attentional difficulties. They are geared toward task completion and give practice in reading and writing. The worksheets are materials that students can keep as personal resources for future reference. They are another tool for legitimizing sex education as an integral part of a student's workload.

Five Steps to Make a Decision

One of the core activities in the Adolescent Decisions curriculum is a simple strategy for making decisions about a range of issues. We have called this activity

"Five Steps to Make a Decision". The 5 steps are as follows:

(1) Label the decision that needs to be made. It is important for students to accurately define the decision they need to make, before they can successfully begin to develop solutions. Labeling the decision in a way that is accurate, constructive and comprehensible is often a challenging task for teachers as well as students. This exercise improves perspective-taking and communication skills.

(2) Think up two or more solutions. Many adolescents get stuck because they can only think of one way to solve a problem; if that strategy fails, they have no alternative. This exercise is designed to help students think of alternative solutions. It is helpful for individual students and it also provides a consistent way for students to help each other as part of a group--because multiple solutions come more easily in a group discussion.

(3) Think about the consequences of each solution -- for yourself and others. Adolescents sometimes make poor decisions because they have failed to anticipate the consequences of their behavior for themselves or others. The 5-step model emphasizes that every decision has a consequence. Anticipating consequences helps build self-reflection and perspective-taking skills, as well as providing practice for real-life problems that will arise in peer, parent, and work settings.

For some students, we have found it helpful to formalize this part of the process, by using a table structure that is filled out like this:

The Problem:

Solution	Possible Consequences
1.	a. b. c.
2.	a. b. c.
3.	a. b. c.

(4) Choose the best solution. Every decision process must end in an action-choice -- for example, to ask for a date or not, to use birth control or not, to talk to a parent or not. Through role play, discussion, and exercises, we have tried to encourage students to think about their decisions -- and then try them out.

(5) Evaluate the decision. The final step in the process is to evaluate how well the decision (solution) worked. Did the strategy for resolving a conflict with a parent work well or poorly? What would you change next time? We have tried to encourage students to think about making decisions as a process that requires constant evaluation, self-reflection, experimentation, and change. The Five Steps are intended to provide one framework to help improve this process.

Role Plays

Hypothetical situations offer one of the most valuable chances to practice decision-making and the five core skills (see section pageii). The situations that are included in the curriculum seem to be most age-appropriate for 7-10 graders. Older and younger students can use the roleplay structure to create their own situations or to adapt cases to their own level of sophistication.

The following are some guidelines for facilitating productive role-play:

1) Involve yourself: do the first role-play, make mistakes, feel a bit self-conscious and talk about it. This models good role-play techniques, as well as legitimizes students' anxieties about performing in front of peers.
2) Ask for volunteers: encourage, but don't coerce. Make sure everyone gets a chance.
3) Try to create realistic experiences which are comprehensible and identifiable for students.
4) Encourage students to think up their own role-play situations.
5) Encourage students to play unfamiliar roles--e.g., parent, teacher--and to try out new strategies for solving problems.

6) Make sure the decision-expectations of the role-play are clear: what should happen by the end of the interaction?

7) Be clear about behavioral expectations. Sometimes self-consciousness leads to endless silliness, which in turn can destroy the constructiveness of the role-play technique. Help students discriminate between being silly and having fun.

8) Follow up the role play with an evaluation that includes reflecting on the accuracy of the roles portrayed, the decision reached during the role-play, etc. As elsewhere in this curriculum, the balance between structure and flexibility is an important element for success.

Brainstorming

Adolescent students often have difficulty sharing their ideas with each other because they are overly self-conscious or hesitant about what others will think. The brainstorming activity is one way to encourage participation and at the same time elicit a wide range of ideas, opinions and discussion-starters from the class. The activity simply involves putting a term or phrase on the blackboard (for example, "changes during puberty" or "why teens have intercourse") and then asking students to share one idea that the word or phrase generates in their own thinking. This is done as quickly as possible, around-the-room fashion, with little time for thought or reflection. The brainstorm activity increases student participation, and some surprising and creative ideas are born.

Collages

Collages are fun for most students. They can also serve as discussion stimulators. If you do collages, make sure they have a specific purpose, that they are making a point by demonstrating something visually. Give an assignment that will elicit an opinion. For example, for sex-role stereotyping, make a collage that presents society's image of the "ideal" female or male. Once it is completed, it

can also serve as a focus for class discussion. Collages require extra teacher preparation in terms of collecting magazines, glue, paper, scissors, etc.

Letters

A number of lessons have activities that simulate "Ann Landers"-type newspaper advice columns. Answering letters requesting advice encourages students to take a new perspective, consider alternatives and consequences of specific decisions. The activity also stimulates thinking about a variety of issues related to one topic (for example...societal attitudes, personal conflict, family values, myths, etc.). Students can prepare the letters themselves, answer the ones that are provided or rate and evaluate answers given in real newspaper letters.

Speakers

Guest speakers can be a powerful and exciting teaching tool. Be clear on your reasons for inviting a guest speaker, prepare the guest by sharing some of the specific characteristics of the group and help students reflect on what they would like to learn from the speaker. Developing questions before the visit is an activity that helps students think about the topic, and also provides a simple structure for the actual visit.

Hands On

Holding and handling "private" objects like birth control methods is an effective way to desensitize students. This strategy presents some difficult teaching challenges, but is considered an integral part of the curriculum and it's goals.

The lessons on female puberty, birth control and parenting all include hands-on experiences. One of the lessons on female puberty suggests showing students sanitary napkins, how tampons absorb moisture and where they are placed, (using the large diagrams of the female reproductive system); it is designed to help de-mystify a very private experience of adolescence. The birth control lesson suggests showing students various birth control techniques and explaining how they work.

In general, these lessons require great teacher sensitivity and skill. But the rewards are significant, as students begin to feel more comfortable dealing with embarrassing topics and practice handling sexually-related objects.

Homework

Many of the lessons include worksheets that are labelled as homework. If homework is a school expectation these sheets can be used in that context. They also help to introduce parents to the content of the class. Using homework also gives sex education an academic legitimacy for some students. If homework is not part of your approach, the sheets may be used as review for the lesson or as an introductory activity for the subsequent lesson.

Lesson Evaluations

Each lesson ends with a class evaluation. This activity offers a clear, consistent ending point for each class. It gives students time to make the transition from sex education to their next activity. The evaluations are valuable and important for a number of reasons. First, they offer the students a chance to evaluate (one of the core skills) the lesson itself and their own experience with it. Student evaluations help teachers assess students' reaction to the lessons; and changes in future lessons can be made in a planned and collaborative way. Evaluation makes the class a collaborative experience, not one in which the teacher is to "blame" for what works and what doesn't.

The evaluations are also a relatively safe and easy way to begin to share power in the classroom; students share more responsibility for the failure and success of the class. It offers students a chance to reflect on their level of learning, their personal behavior and the interactions of the group. The following procedure is the one we have found useful:

Two areas for focus are: (1) the content of the lesson (did the students find it interesting? difficult? boring? what did they learn? how would they like to change it?); (2) process of the class (how did the students get along? were expectations fair? were people sharing ideas? would you like to change the activities to include more role play? less role play?). Each student should have the opportunity to rate the class. In the past, we have used a five point scale, as follows:

Excellent Good Fair Poor Terrible

Each teacher should decide whether rating the class is a mandatory part of the student's expectations; or whether, instead, each student will simply be encouraged to participate. Students should be expected to give at least one reason for their evaluation.

The class evaluation should last no longer than 5-10 minutes. This will be enough time to ask each student to rate the class and give one reason for their rating. The purpose is to involve students in their education process, help them reflect on their own behavior, and offer thoughtful ideas about changing the program.

Audio-Visuals

Use them! There are lots of good materials available. Be sure to allow time to order and preview materials. A list of suggested audio-visuals is provided at the front of the curriculum.) Previewing is especially important if the materials are to be helpful and enrich the students' learning experience. You may choose to leave out portions of a filmstrip or select especially salient portions to stimulate discussion. Some of the lessons are built around specific audio-visual materials. Please plan ahead.

Supplemental Activities

For some groups of students this curriculum will be too simplistic or too ad-

vanced. Many teachers have found the materials very useful as a basis from which to plan their own lessons, others have used the curriculum as is. It is the teacher's responsibility to assess the match between students and the materials.

Some teachers choose to give more tests, quizzes and written work, others focus on the discussion aspects. There are other available curricula, audio-visuals and texts that will supplement these lessons so that they can be appropriate for any age-group.

GETTING STARTED

Teaching about human sexuality is an ongoing process. Getting started requires: support from colleagues, a level of concensus among all the adults who are involved, and involves several different phases. This section focuses on four important considerations: (a) clarifying goals; (b) staff training; (c) the role of parents; (d) first decisions.

Clarifying Goals

The most important "first step" is to clarify goals and priorities--with the recognition that you will "re-learn" your goals and priorities as a result of the first attempts to teach and evaluate. Here are several things to think about in clarifying goals:

1) There are so many important concepts and skills to teach in this kind of course that you will most likely face conflicting priorities. Reflect on why you are teaching sex education. Is your course a response to crisis (rising numbers of teen pregnancies) or preventive in nature? Given the amount of time available (6 weeks, 8 weeks, semester, etc.), what are the most important goals you want to accomplish? Remember that you won't be able to cover all of them in the first year and that all of them have some importance.

2) Use other adults to help establish priorities. Small-group staff exercises (like priority lists), parent questionnaires, and surveys of other courses will all help establish some directions and goals. Use this information to select several priority goals for your school and your students.

3) Student assessments can help clarify goals. Questionnaires and structured interviews are one kind of assessment. But informal conversations, careful listening, and communication with other adults are also important ways to find out what students want and need to learn.

Finally, it is important to use what you learn from teaching, including student evaluations, to help re-clarify goals and re-establish priorities. Students and teachers both go through many changes in the course of this process; goals and methods will reflect those changes.

Staff Training

Staff readiness and willingness are important determinants when planning a sex education course. If staff levels of discomfort are too high, it is impractical, and often harmful, to try to implement a program. It is entirely natural to feel uncomfortable discussing sex with students, but our anxiety need not be a barrier to effective sex education. Training for teachers and administrators should be of the highest priority for those planning to implement and teach sex education, as it can reduce anxiety and move us from confusion to clarity.

Teachers receiving training will need the support and encouragement of administrators. We urge that all personnel take advantage of the skills of sex education trainers, so that there is a common experience on which to base discussions, planning and decisions. There are well-qualified trainers in most communities. Call the Adolescent Issues Project for recommendations or contact your local family planning agency for ideas on who to call.

There is some preparation which can be done without outside trainers, but which requires a high level of committment and group support. Anyone can learn the basic facts and concepts related to sexual development. There are some excellent books on the subject, many of which are listed in the Reference section. Reading the books and using family planning libraries is an important first step in training. Reading educational material on sex will help accustom staff to medical vocabulary and begin the long process of de-sensitization.

Some groups use each other as on-going resources in addition to training sessions. One staff group at a special needs school followed their training sessions with their own development activities. They chose a book, assigned chapters and reported on their reading at each of their meetings. They listened carefully to their students and discussed what they were hearing and what issues seemed to predominate. Planning sessions were characterized by a conscious effort to practice using medical terms in their discussions. Desensitization and the slow rise in comfort level is a long and difficult process as well as a necessary first step.

Trainers can be especially helpful in other terrain. It is imperative that sex educators be aware of their own values and concerns regarding sexuality. If the educator has strong but repressed feelings about, for example, the use of birth control or the issue of homosexuality those values could impede the transmission of facts and give mixed messages about the intent of the course if they happened to spill over unexpectedly during class meetings. Awareness of one's own biases, beliefs, values and areas of lack of knowledge, will help staff be more effective as sex educators. Training does not necessarily require changing staff feelings about sex but, rather, bringing them to consciouness so staff, supervisors and parents can make decisions about who would be best suited to teach.

In-service and training should be a prerequisite to the implementation of any sex education program. Some staff choose not to teach about sex as they come to

realize how their deeply-held beliefs might influence students. Other staff gain valuable perspective, become more comfortable with new and sometimes intimidating material, develop a sense of humor about our sexuality and begin to resolve some values questions that allow for mutual support.

It is imperative that anyone planning to teach sex education receive some professional training.

The Role of Parents

Rules governing sex education differ among schools and between public and private institutions. One resource they all have in common is parents.

Parents often have the desire and should always have the right to be involved in their child's education. Some parents feel worried, concerned or downright outraged at the thought of sex being discussed openly in the classroom. Parents fear that the teaching staff may not share the family's values, or that their children will learn too much, too fast, before they're ready. Parents need to know about the goals of sex education in their child's program, in the broader context of adolescent development.

Some schools have found that the only tenable position for them is to insist that all students get written parent permission. Usually this guarantees over a 90% positive response in most schools. Those parents who refuse sex education for their child must be assured that their child will be given an alternative lesson with no loss of credit.

Most parents seem to feel more supported by a school that helps them in their own attempts to help their adolescents deal with these issues. Try to inform parents of your goals; invite them to ask questions, raise concerns and help plan the course. Even so, many parents will choose not to interact with you around these issues. One way to extend sex education into the home is to develop a series

of parent education workshops. The workshops can be designed to include the parents in their child's sex education program by describing the planned course, asking for their input, then sharing the content on the course through the monthly meetings. Responses from parents in our work have been uniformly constructive, even when critical. Parents have appreciated being prepared for comments and questions their child will bring home.

Three comments we have collected from our parent education workshops suggest the ways in which parents approve of this kind of course:

> "They really have to know these things...a lot of older people got lost by the wayside by not knowing about sex...If I knew then what I know now I wouldn't have had seven children. There are other choices."

> "If they don't get it in the schools, they can get it in the streets, and they get it all wrong."

> "We need to have our own class on this...like the kids!"

First Decisions

Planning an educational program requires making difficult decisions: which topics; for how long, who should teach; who should be in the class; how the course should be structured.

Decisions regarding the selection and sequence of topics should be based on three issues.

(1) An assessment of your students' needs and skills.

Social ideas, interests, and skills change dramatically during the years on

either side of pubescence. It is important to assess the developmental capacity of your students, especially in regard to their ability to think about the social issues related to sexuality. This is especially important for "special needs" populations, where there is often great variance among cognitive and social skills, and/or major developmental delays. Selective questions and written assessments will help you understand your students' needs and skills. This information will help you determine and direct the scope and sequence of the curriculum.

Here are some questions to ask about your students. Can they reflect on their own behavior and/or values? Do they have friends, and/or do they think about potential conflicts in friendships? How well can they communicate their thoughts in a small group? Are they already dating or sexually active? Do they talk about friendship and dating? Do they ask questions about pregnancy and birth? Do they initiate conversations about the changes of adolescence? Do they talk about these things with peers--during lunch or recess or in the halls?

(2) Given your students' needs and skills, start where you feel comfortable and competent.

A first course in adolescent sexuality, like a first course in anything, will not cover all topics equally well. In fact, one major goal of a first course in sexuality, is to provide a supportive experience--so that you and your students will want to learn more. Start where there is common ground between your students' needs and your own experience. For example, if students know little about anatomy, it is important to start there. However, even if students know anatomical terms and concepts, you may want to start with a review to give yourself some time to warm up and settle in. (Don't let yourself get into areas where you are so uncomfortable that it impedes your teaching.) Use your colleagues and references to respond to student questions. Be sure to consider how your values interact with those of students, parents and other staff. Be ready to say, "I don't know the

answer to that question."

(3) The amount of class time available for a sex education course; a six week course will require more careful sequencing and topic selection than a year-long course.

This curriculum covers many of the most important topics, though not all of them. Below is a copy of the table of contents with some possible lesson groupings by topic area. We recommend including a few lessons from each group in order to provide a broader experience for the students. The sequence presented is the suggested order of lessons if there is enough time to cover all of them.

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Choosing an Emphasis: Information or Decisions

A curriculum that places equal emphasis on the learning and retention of facts and the development of social awareness and decision-making skills puts teachers in a bind. It is difficult to find the appropriate balance between the two, but is an issue worthy of consideration and discussion. Most teachers leading a new course tend to do what comes most easily and naturally to them. For many teachers, this is often the facts and information portions of a curriculum which require less attention to values and, thus, less potential conflict.

Teachers should try to evaluate what they are teaching and use their supervisors and colleagues to help them achieve a balance between the two. Try to make a conscious decision with peers and others of your support group to attempt to integrate the teaching of facts with the development of a classroom setting that is conducive to discussion of difficult issues and safe for practicing decision skills.

Co-Teaching

Sex education is not an easy topic to teach. Co-teaching is valuable for the sake of support alone. But there are many other reasons to try to organize the sex ed classes so there can be two teachers for each group of students. It is especially valuable to students if the teachers can be of opposite sexes, to the male and female students can have a person readily labelled as someone they can turn to for answers and support outside of class, if need be.

Two teachers can support each other's learning and training, they can use one another as peer evaluators and observers who can offer constructive advice on technique. The model of two adults teaching and talking about sex together is an important one for students who are struggling to do the same. Each teacher's skills can be more effectively utilized with the team teaching approach. One teacher can have the primary responsibility for leading the class and facilitating dis-

discussion, while the other can attend to students' special needs for extra attention, help with the assignments or nip disruptions in the bud, with no loss of continuity for the remainder of the group. Teachers can trade roles for each teaching period, sharing the responsibility for lesson preparation and organization.

It is often easier on teachers and students for a male to teach the lessons on male anatomy and a female the female. Mostly, it is comforting and educational to model the sharing of a difficult process.

Many teachers believe that it is impossible to co-teach in their setting. We have seen administrators' limits and agency policies be stretched when a convincing argument for co-teaching is presented along with other planning ideas for the course. An important ingredient for success is allowing teachers a choice about whether to co-teach and with whom.

Class Groupings

If sex education is going to be integrated into the existent science, health or gym class, then the groupings will be determined by other forces. If the sex class is going to take on it's own identity then student groupings are another decision that teachers and administrators will have to make.

Above all, try to teach sex ed. co-educationally. One of the goals of sex education is to help students learn to communicate in an appropriate, healthy and concerned way about development and sexuality. If schools make sex education unusual and different by separating kids by gender, a valuable opportunity will be lost. Students are curious about the experiences and thoughts of their peers and can use each other for support and practice with the difficult issues of talking about sex. The greatest virtue of coeducational classes is this chance to practice talking about sex with the opposite sex.

Separation by sex carries an air of mystery and intrigue; students can't wait to get out of class to find out what the other group was discussing. The goal of

sex education is to de-mystify this very natural part of the life cycle.

There might be a small number of situations where single-sex classes have some utility. Teaching boys about the intricacies of using sanitary products is probably unnecessary and embarrassing for girls, nonetheless they should learn about menstruation in a co-ed setting. Discussing the issue of nocturnal emission and the embarrassment of erections in public should be caught in a co-ed setting, but could be explored further in a boys' group. Generally, there are very few topics that do not lend themselves to co-ed class groupings.

Another issue is the one of class composition related to maturity level. Some educators believe that students should be grouped according to their maturity and experience level, others believe that all students prosper most when the groups are mixed and more peer teaching and learning occurs. There are arguments for both points of view. With your colleagues, make a decision, try it out and evaluate the results. Try another approach with the next group, compare the two groups. Both types of groupings have their merits and drawbacks.

ANTICIPATING PROBLEMS

Dealing with emotionally charged issues in the classroom is not an easy task. Sex education raises topics that are widely disputed in our society. Some of them include: sexual harassment and violence, homosexuality, teenage use of contraceptives, abortion, etc. Most teens and adults will have strong reactions to discussions about these topics and often feel uncertain about their own stands. The teacher, with support from other staff, should try to anticipate some of the problems that might be encountered and develop strategies ahead of time.

Values

The teacher should know where he/she stands on issues of sexuality so values don't creep out unexpectedly. Decide how much personal information you feel comfortable sharing and work with the students on setting up safe classroom rules.

Teaching sex education requires a willingness to discuss complex values questions.

Some approaches that facilitate this process include: awareness of one's own values, openness to discussions and disagreements about students' values and the ways in which they conflict with our own, tolerance of diversity within the class--in terms of opinions and values differences, and a consistent emphasis on providing reasons for values statements. Asking for reasons is one strategy to help adolescents continue to refine and develop their self-awareness and responsibility as well as their communication skills.

Difficult classroom situations can be dealt with by eliciting student help, role-playing alternative solutions with colleagues and by careful observation and evaluation of classroom occurrences which might provide clues for preventive intervention.

Anxious Students

Most students, though anxious at times, look forward to the chance to talk and learn about their sexuality; they are glad that their concerns and questions are being supportively acknowledged and dealt with.

Nonetheless, they should be provided with outlets if they become too uncomfortable: time-out from the classroom, time with another staff person, scratch pads for doodling or writing (swear words for example), planned breaks. Think about the support systems available outside the group. If there aren't any individuals available for support work, you need to develop a plan for working through student discomfort.

It is crucial to know when to press on and when to back off. This is especially important when working with special needs students. "Graceful exit" techniques include time-limiting certain topics, allowing a student to leave the room

on request, planful ignoring of non-disruptive avoidance behavior, and finding comfortable ways for each student to participate. For example, you can ask a particularly anxious student to simply read the instructions for a group task, or write down other students' solutions--rather than forcing him/her to participate more verbally.

Some strategies for encouraging reluctant students include: (1) verbalizing respect for their right to privacy, (2) modeling openness and an appropriate language for discussing sexuality, (3) ensuring a safe environment so they do begin to participate, and (4) verbalizing concerns "for" the more reticent students. For example, you can share typical stories of young adolescents. We make general statements like: "Most teenagers worry about...". We use role-plays to open up discussions.

There are some students who need to be pushed. There are also students whose discomfort can be used productively. For example, the curriculum provides many hypothetical cases for role-play and other activities in which students who feel restless or impulsive can channel their energy to help themselves and others.

Think about the specific needs and limits of each student. Let yourself watch and listen, or (better yet) invite a colleague to observe. Use what you see and hear to help make decisions about specific teaching and limit-setting strategies.

Working with the Group

Group rules, expectations and discipline have a significant impact on the success of a sex education course. A range of teaching styles can be used--including structured, individualized formats, like written worksheets, as well as more open discussion sessions. In all cases, an obvious structure with clear, consistent expectations and consequences will help build a safe and productive learning environment.

The classroom experience will have more meaning, and be more motivating for the students, if they are actively involved in determining the group's rules. Some rules that have worked in the past include: no put-downs or "killer" statements - everyone has a right to their own opinion; there's no such thing as a dumb question; all questions are legitimate, everyone has the right to remain silent or decline to answer a question, including the teacher; no one will be put on the spot to answer a personal or sexual question; etc. Again, the anonymous question box gives great results in conjunction with these rules.

Be clear with each other about what will not be tolerated, develop appropriate consequences for those who disobey the group rules, then proceed with lots of positive reinforcement for the group and individuals who work cooperatively. Use the lesson evaluation time at the end of each session to evaluate how the group did with the rules and how the rules are helping or hindering the group process.

Encouraging Dialogue

Learning about the sexual and social changes of adolescence is facilitated by some opportunity for dialogue among students. A circular seating arrangement encourages and enhances student discussion and interaction. Structured activities like role plays, debates, interviews and brainstorming are one kind of strategy for fostering dialogue. Open, time-limited discussions, small problem-solving groups and discussions of films are also productive. Remind students that they are part of a group where everyone has skills and knowledge to share with one another. Show interest and respect to students who discuss issues together.

Lessons on social relationships will tend to stimulate more dialogue than those on anatomy and intercourse. Changes in relationships with parents, friendship and dating, sex in advertising, sex roles and stereotypes, alternative lifestyles will all be conducive to student dialogue.

Ready, Set, Go...

Give yourself time, but do get started.

Feelings like, "I'll never get it all done, there's too much to teach," or "I don't know enough yet," or "the parents will never put up with it" often stop the process before it begins. Although these feelings are real and legitimate, it is important to get started in whatever way feels comfortable for you. Remember: you will never know it all, or cover everything in one course--especially the first time! And you probably won't feel totally comfortable before you begin. But remember also that it is fine to start where you are comfortable--first, because your own comfort will be transmitted to your students, and second, because any jumping-off spot will lead to questions that will in turn expand the scope and direction of the class. Start slowly and safely, but start.

Enjoy yourself and be patient.

Perhaps the best indicator of the "success" of a first course in sexuality, is the willingness of all involved to try it again. From this perspective, teaching is like a long-distance jog rather than a flat-out sprint; it is important to slowly improve your performance--lap by lap!

Give yourself time. Use available resources--whether they be guest speakers, films, or other staff members. Pace yourself and learn from your mistakes. Collect ideas and promise yourself you will try it again--next quarter or next year. Like most good things, your performance and your students' understanding of their own changes, will both improve with time.

Keep evaluating.

Evaluation serves many purposes and comes in many forms. Evaluation helps you (as the teacher) see changes, anticipate problems, and modify the curriculum. It helps you make more informed decisions about goals and priorities. It helps the evaluators (including students, administrators, and parents) become involved

in and empowered by, the learning experience. It reminds you why it has been important and worthwhile to try this new curriculum. And it provides help for colleagues who may be interested in similar work. Here are some ways to evaluate the course: student evaluations of each lesson (see Program Manual;) parent and staff questionnaires; parent phone calls, parent workshops, and PTA meetings; brief interviews with students, parents, and staff; logs of your own thoughts and impressions; collections of student questions; use of an in-class observer (guidance counselor, colleague, student teacher, etc.) or audiotapes of classroom sessions. Presentations at staff meetings or in-service sessions are also ways to collect suggestions, evaluations and ideas.

Conclusions

The basic goals of this teacher's guide have been to: (a) acquaint you with the curriculum and (b) to facilitate implementation by describing some of the first steps and presenting some potential problems that require advance attention.

The curriculum intends to expose students to a relevant set of facts combined with process skills that result in a focus on making personal decisions about sexual development and behavior. We believe that adolescents need to discuss these issues and practice making decisions about them in a structured and supportive setting. We have tried to remain neutral about most of the values questions inherent in a course on sexuality. We have tried to help students think about broader social issues (like changing relationships, responsibility to others and stereotyping). However, the basic thrust of the lessons is to provide information and encourage the group to think about some of the difficult decisions they will face or are already facing. It is our belief that this approach will help adolescents become more responsible toward themselves and others and more comfortable with one aspect of their personal development.

The curriculum is just one of a number of interventions that can improve

student responsibility. Combined with a whole-school approach to student decision-making, this curriculum can contribute toward more thoughtful and responsible behavior among adolescents.

References and Resources

For adults and adolescents desiring more information than what is provided in each lesson, the following list will suggest some useful books.

Each lesson will include references to chapters and pages in the appropriate publication.

Alyson, Sasha. Young, Gay and Proud!, Alyson Publications, 1980.

Bell, Ruth, et al. Changing Bodies, Changing Lives, Random House, New York, 1980.

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Comfort, Alex and Jane. The Facts of Love, Ballantine Books, New York, 1979.

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Diamond, Liz. The Lesbian Primer, Women's Educational Media, 1979.

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Johnson, Eric (many books). Love and Sex in Plain Language, Bantam Books, 1979.

Katchadourian, H.A. Fundamentals of Human Sexuality, Holt, Rinehart & Winston, 1972.

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Mayle, Peter. What's Happening To Me? Lyle Stuart, Inc. 1979.

McCoy and Wibbelsman. The Teenage Body Book, Simon & Schuster, New York, 1976.

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Nilsson, Lennart. A Child is Born, Dell Publishing Co., 1965.

Selman, Robert. The Growth of Interpersonal Understanding.

Ulmschneider, Ann. Exploring the Parenthood Choice: An Activities Guide for Educators, National Athance for Optional Parenthood, 1981.

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There are many excellent sex education films and filmstrips. The ones listed on the following pages have been used and previewed by the Adolescent Issues staff but are not an exhaustive list. Check your local libraries (public and private), family planning centers and hospitals for others. The materials can be ordered by calling the numbers listed with each film, but first try contacting your local Department of Public Health, family planning center, university and hospital libraries, etc., which will probably have some of them available to the public. Allow enough time to reserve and preview each audio-visual. Most of the film companies will send a catalogue if you request one.

Audio-visuals tend to be well-received by most students and are usually effective alternative teaching tools. It is important to preview films and filmstrips before using them with students so they can be integrated smoothly into the lesson and the teacher can anticipate student questions and concerns.

Most of the films, strips and slide programs listed here have been used successfully with teens diagnosed as having special needs, particularly learning disabilities and emotional problems.

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Audio-Visual

FILMS

"AM I NORMAL?" (23 minutes)
(male puberty)
New Day Films (201)891-8240; (617)566-5914

"ARE YOU READY FOR SEX?" (25 minutes)
(decisions about pre-marital intercourse presented in short skits; multi-ethnic discussion group follows)
Perennial Education (800) 323-9084

"CHILDBIRTH" (17 minutes)
(gentle, live birth film)
Polymorph Films (617)542-2004

"DEAR DIARY" (25 minutes)
(female puberty)
New Day Films (201)891-8240; (617)566-5914

"DECISIONS ABOUT SEX"
(Interviews with teens who had experienced intercourse; their reasons)

"HOW LIFE BEGINS" (46 minutes)
(process of fertilization and birth)

"HUMAN GROWTH III" (20 minutes)
(anatomy, human reproduction, birth)

"PRISONERS OF CHANCE" (20 minutes)
(3 teen parents-their choices and decisions)

"TEENAGE FATHER" (25 minutes)
(a teen couple who get pregnant, story and decisions)
California Children's Home Society (213)390-8954

"V.D.-WHY DO WE STILL HAVE IT?" (20 minutes)
(V.D. as an epidemic. Importance of getting treatment stressed.)
Perennial Education (800)323-9084

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Audio-Visual

FILMSTRIPS

"ANATOMY & ATTITUDES: UNDERSTANDING SEXUALITY"
(Where and how our attitudes are formed; sexuality as part of the life cycle)
Sunburst Communications (800)431-1934

"INSIDE MY MOM"
(from fetus' perspective, animated - stresses need for pre-natal care)
March of Dimes

"LIFE BEFORE BIRTH"
(filmstrip of color photos of conception, fertilization, implantation and fetal development)
Time-Life Series

"OKAY TO SAY NO: THE CASE FOR WAITING"
(3 teenages present the case for abstinence)
Sunburst Communications (800)431-1934

"SEXUALITY AND THE MENTALLY HANDICAPPED"
(slides- aspects of sexuality-requires adult narration)
Stanfield Film Associates (213)578-1658 (call collect)

"S.T.D.'s - AN UPDATE"
(animated strip with excellent information)
Sunburst Communications (800)431-1934

"TEENAGE BIRTH CONTROL: WHY IT DOESN'T WORK"
(Why teens fail to use birth control-how to change that)
Sunburst Communications (800)431-1934

"UNDERSTANDING HUMAN REPRODUCTION"
(anatomy, human reproduction, fertilization, conception)
Guidance Associates (800)431-1242

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Adolescent Development and Sexuality

lesson:

Introduction to Adolescent Sexuality

goals:

1. To develop a sense of structure, security and openness in the classroom.
2. To help students begin to feel more comfortable with their questions, fears and embarrassment in the area of sexuality.

activities:

1. Teacher introduction
2. Group Rules
3. Question Box
4. What is "It"?
5. "Sex" - What does it mean?
6. Collage
7. Class Evaluation

materials: included:

What is "It"? Story Discussion Questions

other:

Anonymous Question Box Materials for Collage

Paper and pencils for each student.

references:

Comfort, A. and Comfort, J. The Facts of Love pgs. 25-29.

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Activity 1: Teacher Introduction

This statement should include a welcome to the group, an acknowledgement of the difficulty we all experience talking about sex, and a commitment to work together through the issues raised by the group.

With enough background in-service and introspection, you should be able to enter into this lesson feeling reasonably ready to deal with the groups' feelings of uncertainty and discomfort.

Activity 2: Group Rules

Please read the section in the Program Manual and/or Teachers' Guide on "Group Rules".

It is important to involve students in the formulation of the classroom rules. The students tend to be more committed to the discipline system if they have had a part in its development.

First, ask each student to name one rule for the classroom. Try to phrase the rule in positive language. For example, instead of "students may not interrupt each other", try, "students will wait their turns". Next, the group decides on consequences should the rule be broken. Help the group to set clear limits. It is helpful to post the rules in the classroom and to review classroom rules every so often.

Encourage ongoing evaluation of the classroom rules and consequences. Other rules might include:

1. Try to use medical language
2. Students will raise their hands
3. Everyone's opinion counts

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Consequences some schools have used include:

1. Warnings, then a request to leave the room
2. Losing free time during the day
3. Doing the group's work after school

Activity 3: Anonymous Question Box

The Anonymous Question Box encourages student questions while at the same time maintaining confidentiality. We have used oatmeal or show boxes, coffee cans or wooden boxes with small padlocks. The box should have a slot big enough for paper but too small for hands. It should be clearly marked and accessible during class. If each student has pencil and paper available, it is easy to write down questions during class. Remind students that spelling doesn't count, and that any question is legitimate for the Question Box.

Each lesson begins with a time to answer questions from the previous week (or lesson). The time lag allows the teacher to sort through questions, research answers where needed, and separate out questions that require personal answers.

The Question Box lets all students benefit from questions that they might be too self-conscious to ask out loud. In this way, it provides useful information as well as modeling an approach to the topic of sexuality.

Sometimes it is helpful to insist that every student write something on their paper so that the person asking a question will be totally anonymous. Another method to stimulate questions is to start off by putting in teacher questions.

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Activity 4: What is "It"?

This is an activity designed to get the group to think about the difficulty inherent in talking about sex.

A. Pass around the story. Either the teacher can read it through or ask that students choose one of the roles in the story and read that part aloud.

B. Discussion Questions

1. Go over the ques tions attached to the story.
2. Other discussion questions include:
   a. What else could "it" stand for? Possibilities include trying a drug, kissing, getting a job, having a homosexual experience
   b. How it feels to take another's perspective (ex: George's)
   c. How people, in general, feel about discussing sex.

Activity 5: Meanings for the word "sex"

A. Brainstorm words or meanings that the group has for the word "sex"

B. Look "sex" up in the dictionary

C. Ask: Why are there so many meanings for the word "sex"?
Are there other meanings for: boy, girl, person, run, knee, etc.?

Activity 6: Collage

Individually, or in small groups, students can create a collage about "sex".

Ask students to analyze what, about each picture, is sexual. Is

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it clothing, body posture, facial expression, location, terminology, etc?

Activity 7: Teacher Statement

Something to this effect:

Statement legitimizing discomfort

As we have seen people are often uncomfortable discussing sex. They have trouble using medical terms as well as getting answers to their questions. It is hard to talk about sex in a grown up way. But most everyone is interested and has questions about sexuality; it is normal and natural. Everyone has questions about "it"; that is what this class is all about.

Activity 8: Class Evaluation

(See Program Manual)

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Hey! I had a great weekend!
Oh yah? What did you do?
Gene
Jessica
I really went for it this time
Really!?? Wow!
Yah. He finally did it!
Aw big deal! I've done it lots of times.
Get out of here! You've never done it'
How do you know? You don't know anything about it!
Bob
Debbie
Was it fun, Gene?
What do you think? That's a stupid question!
Jessica
Gene
Come on! What are you guys talking about?
Oh, come on. Don't you know anything?
George
Bob

Six students were walking home from school. A few of them were talking about their weekends:

Gene: Hey, I had a great weekend!

Jessica: Oh yeah? What did you do?

Gene: I really went for it this time.

Bob: Really? Wow!

Jessica: Yeah, he finally did it.

Bob: Aw, big deal. I've done it lots of times.

Debbie: Get out of here, you've never done it.

Bob: How do you know? You don't know anything about it.

Jessica: Was it fun, Gene?

Gene: What do you think? That's a stupid question.

George: Come on, what are you guys talking about?

Bob: Don't you know anything?

What are these students talking aobut?

How do you know?

What does "it" stand for?

Do you think all the students are enjoying that conversation?

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Why? Why not?

Do you believe Bob and Jean?

How do you think George feels?

Are Erica and Jessica talking about the same thing as Bob and Gene?

After Erica and Jessica split up and went home, George was upset. He knew lots of things, but what were his pals talking about? How could he find out?

How can George find out?

How does George feel now?

Why does he feel that way?

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lesson:

Student Assessment and Course Overview

goals:

1. To complete the pre-assessment
2. To help teachers determine the direction and scope for the course

activities:

1. Question Box
2. Sex Education Pre-Assessment
3. What Do You Want To Learn?
4. Introduction to Reproductive Anatomy
5. Slang Term Exercise
6. Class Evaluation

materials:

included:

Pre-Assessment

Student Poll

other:

Anatomy Chart

Question Box

Pictures of Reproductive Anatomies

references:

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Activity I: Question Box

Answer the questions that were placed in the box during the previous lesson, by reading the question and stating the answer.

Sometimes the questions and answers presented here lead the group off of the topic for the day. As the group's leader, you must determine what the priorities are for each of the group's meetings. Explain the reasons for your decision/action to the group.

Activity II: Sex Education Pre-Assessment

If students are anxious about the assessment, help them realize that it is not a "test". It is designed to help the teacher plan the best course for students -- without skipping important information or boring students with information they already know. Please keep all assessments to serve as a measure for how much students learn. (Please see the section on Evaluation in the Program Manual.)

A. Read each question aloud to the group.

B. Collect them when students finish. Then take your cues from the group. Do they want to review the assessment immediately? or wait for you to return them?

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Activity III: What Do You Want to Learn?

A. Take student suggestions orally and record them on the board. Check off the topics that will definitely be covered.

B. Pass out "What Do You Want to Learn?" Collect these for teacher reference.

Activity IV: Introduction to Preproductive Anatomies

A. Pass out "Male and Female Reproductive Systems"

B. Explain that the reproductive systems will be the next topic areas.

C. Teacher verbally reads through the drawing so students get acquainted with medical terms, or

D. Collect and show drawings or photos of books and magazines.

Activity V: Slang Term Exercise

This exercise is a great ice-breaker. It has four purposes. The first is to give students an outlet for their slang terms. Hopefully, the exercise helps the students begin to get these words "out of their systems", so they won't need to use them so often in class. It removes the shock value of these words so students know they won't be able to say anything that will embarrass or upset you. Second, this exercise legitimizes the terms with which many of the students have grown up. Third, it helps teach medical terms by pairing them with words in the students' vocabulary. Fourth,

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it encourages self-reflection; by listing the many street words for certain body parts, it focuses on the importance of sex (and therefore sexual words), and the difficulty we all have in talking openly and clearly about our bodies.

A. Teacher introduction: Why we do this exercise.

B. Brainstorm. Write a medical term at the top of the page (i.e., breast, vagina, intercourse, etc.). Ask students to call out slang terms for the word. Write them all down.

C. Remind students that the slang terms will not be used in class, except in cases where it is the only method the student has for communication.

D. When all the words are done, write down the word "leg" or "arm". Do the same exercise again.

E. Discuss why there are no or few slang terms for arm or leg. Refer to previous lesson on discomfort.

Activity VI: Evaluate the Class

(see Program Manual)

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Answer Key (to Assessment)

1. b. uterus
2. c. store and release eggs
3. b. penis
4. c. sperm
5. c. a time of changing from a child to a teenager
6. b. menstruation
7. a. sperm and an egg meet
8. c. 9 months
9. b. having sex with someone who has the disease

True or False

1. T	7. T	13. T
2. T	8. F	14. F
3. T	9. T	15. T
4. F	10. T	16. T
5. T	11. F	17. T
6. T	12. T	18. F

Problem-Solving

The assessment measure contains some questions that are designed to measure facets of interpersonal skills. As these skills are more basic and more complicated than learning "facts" they are also more difficult to measure. Thus, the assessments are meant to provide very rough guides at best to the students' conceptions of how to handle different situations.

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ADOLESCENT DEVELOPMENT AND SEXUALITY
PRE-ASSESSMENT

Directions: This is NOT a test. It is only to find out what we need to teach this year. For many of the questions there is MORE THAN ONE right answer. Circle whichever answers you think are right. Don't forget: circle as many answers as you think answer the question. Have fun. Take your time....

Name: _____

Date: _____

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Field Test Copy

SEX EDUCATION ASSESSMENT

Please circle the answer you choose.

1. Have you ever had a Sex Ed. class before?

YES NO

2. Do you ever talk with people about sex?

YES NO

3. With whom?

Brothers/sisters Friends Parents Teachers

Counselor Therapist

4. How do you feel about talking about sex?

scared good embarrassed okay shy

5. What does the word ADOLESCENCE mean to you?

SEX EDUCATION ASSESSMENT/2

1. A baby grows in a woman's:

   a. fallopian tubes b. uterus c. stomach

2. The ovaries' job is to:

   a. make sperm b. make babies c. store and release eggs

3. A man's sex organ is called a:

   a. sperm b. penis c. erection

4. For a baby to begin, a man's _____ must meet with a woman's egg.

   a. testicles b. urine c. sperm

5. Puberty is:

   a. hair on your body b. having a baby c. a time of changing from a child to a teenager

6. Another word for having a period is:

   a. birth control b. menstruation c. vagina

7. Fertilization happens when:

   a. sperm and an egg meet b. baby comes out c. a boy and girl kiss

8. How long does it take for a baby to grow inside the mother?

   a. 12 months b. 6 months c. 9 months

9. Sexually transmitted diseases (VD) are passed between people by:

   a. dirty toilets b. having sexual contact with someone who has the disease
   c. masturbation

10. Do you think adolescents make good parents? YES NO Why?

SEX EDUCATION ASSESSMENT/3

TRUE or FALSE

1. In order for a baby to start, you need a sperm and an egg. . . . .T F

2. A girl can get pregnant the first time she has intercourse . . . .T F

3. Contraceptive foam kills sperm . . . . . .T F

4. Boys know more than girls about sex. . . . . .T F

5. A homosexual is someone who has most of their sexual relations with people of the same sex . . . . . .T F

6. Syphilis and gonorrhea can be cured with penicillin. . . . . .T F

7. Many people have sexual feelings toward people of the same sex (girls for girls, boys for boys). . . . . .T F

8. Raising a child is cheap and easy to do. . . . . F

9. Birth control is available for both men and women. . . . . .T F

10. Many teenagers have intercourse before marriage. . . . . .T F

11. Everyone's body changes at the same age. . . . . .T F

12. A boy can be a virgin. . . . . .T F

13. There are many different kinds of birth control. . . . . .T F

14. Most adults know everything about sex. . . . . .T F

15. Boys never use birth control . . . . . .T F

16. Most teenagers grow pubic hair . . . . . .T F

17. Condoms help stop the spread of V.D. . . . . .T F

18. You will not get an S.T.D. as long as you keep clean . . . . . .T F

PROBLEM-SOLVING: What is your opinion?

1. A friend has the symptoms of an S.T.D. (sexually transmitted disease). What would you tell them to do first?

   a. take aspirin
   b. forget about it, wait to get better
   c. call a health clinic
   d. get more information

2. Your brother or sister wants to have intercourse. What would you tell him/her is the most important question they have to ask themselves?

   a. Do they love the person?
   b. What kind of birth control should they use?
   c. Will they feel badly afterwards?
   d. How do you have intercourse?

3. Circle the 3 most important reasons why you think teenagers try intercourse?

   a. to feel good
   b. to get pregnant and have a baby
   c. to make their parents mad
   d. because their friends have tried it
   e. to see what it's like
   f. to act grown up
   g. so they don't lose the person they're with

4. Susan and Jay have been friends for a long time. Lately Jay has been acting as if he would like Susan to be his girlfriend. Susan is not sure how she feels about Jay, but is not ready to be romantic or sexual with him.

   What do you think Jay could do to find out how Susan is feeling? List some things he could do:

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   What do you think Susan could do to let Jay know she is not ready to go further? List some things she could do:

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

5. For the past two years your parents wanted you to be home by 9:00 p.m. You would like to stay out until 11:00 p.m. Which of the following would be good ways to deal with the rpoblem? (Circle 1 or more of the letters.)

   a. Stay out until 11:00 p.m.

   b. Suggest a compromise of coming in at 10:00 p.m.

   c. Talk to your parent(s) about why you think you should be allowed to stay out later.

   d. Come in at 9:00 p.m. and wait for your parents to change their minds.

6. George and Joy have been dating for a few months. George likes Joy alot, but wants to be able to see other girls also. He's pretty sure that Joy wouldn't go for that. What is a good way for George to handle this situation? _____

_____

_____

_____

Why would that be a good idea? _____

_____

_____

_____

7. Mary goes for a check-up and finds out from the doctor that she has an S.T.D. Her doctor says that in order to stop the disease from spreading, she should tell her former boyfriend, Lenny, so he can be taken care of. Mary is not sure if she wants to because it was a long time ago. Besides, Lenny broke up with her for another girl. What should Mary do?

_____ a. Have a friend call Lenny for her.

_____ b. Not worry because boys always know when they get an S.T.D.

_____ c. Find out who Lenny is going out with now and tell her.

_____ d. Not tell him because he's the one who gave it to her, so he deserves it.

_____ e. Ask the doctor to call for her.

What Do You Want To Learn?

Please check the topics you would like to learn about this year:

_____ male reproductive anatomy (parts and jobs)

_____ male puberty (how and why bodies change)

_____ female reproductive anatomy (parts and jobs)

_____ female puberty (how and why bodies change)

_____ masturbation

_____ emotional changes in puberty (how are teens different?)

_____ changing relationships with family

_____ changing relationships with friends

_____ changing relationships -- dating

_____ sex roles and stereotypes

_____ deciding about sex

_____ homosexuality

_____ intercourse

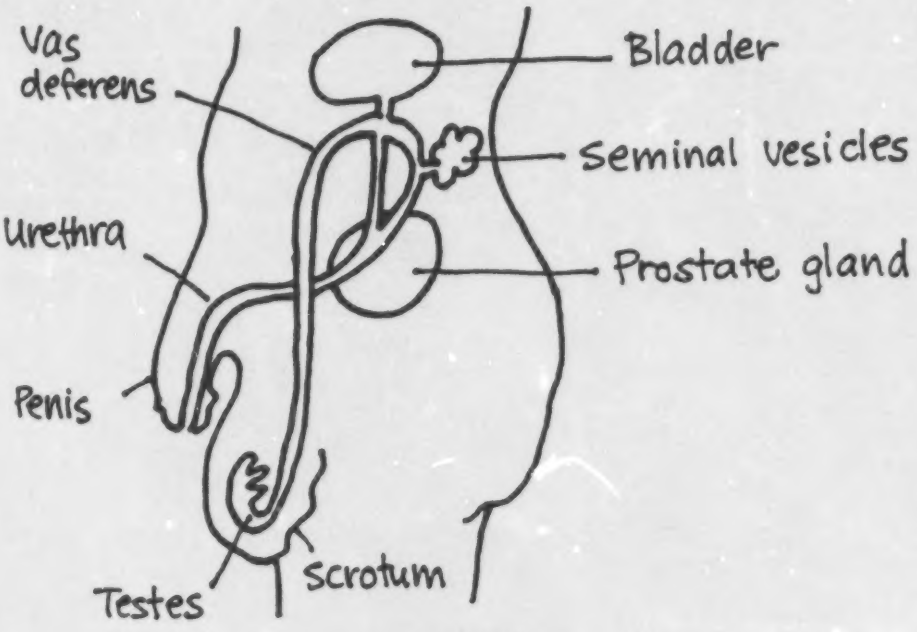
_____ fertilization, pregnancy, birth

_____ parenting and families

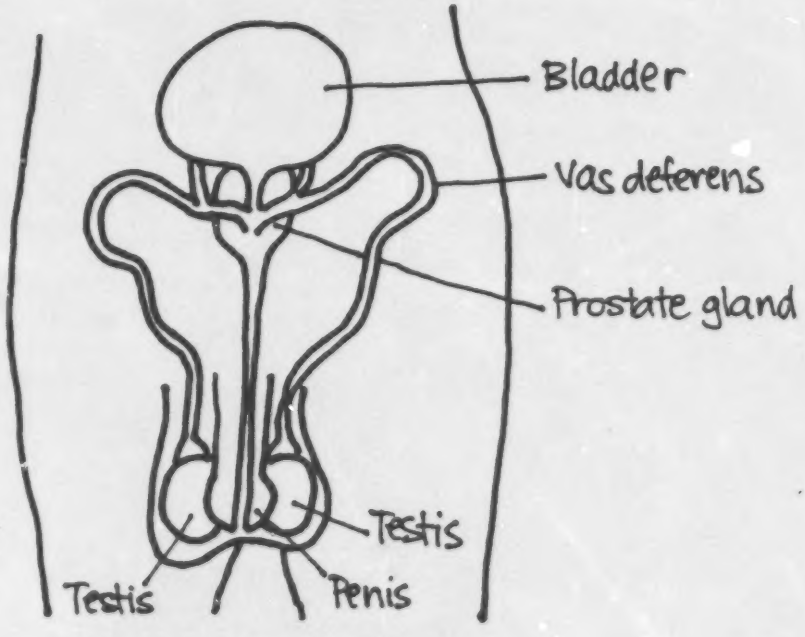
_____ birth control

_____ S.T.D.s (V.D.)

male reproductive system

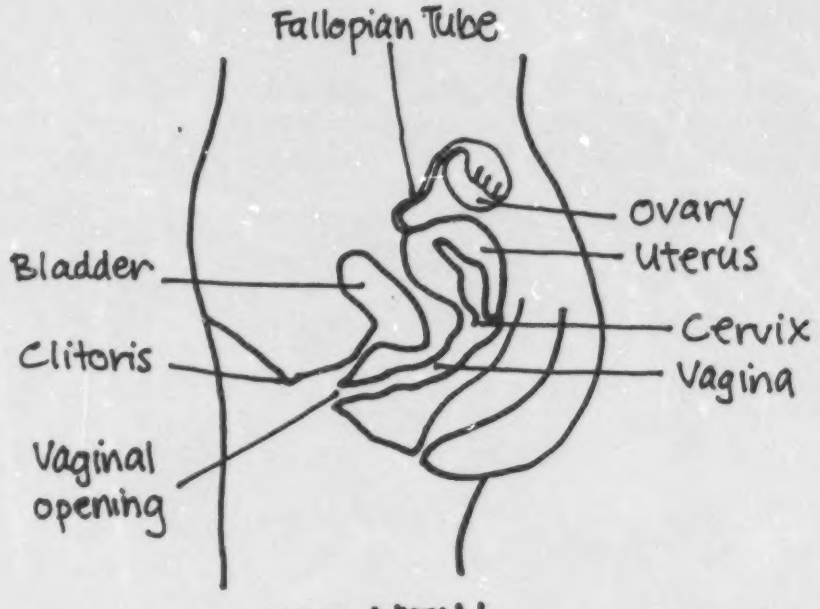


SIDE VIEW

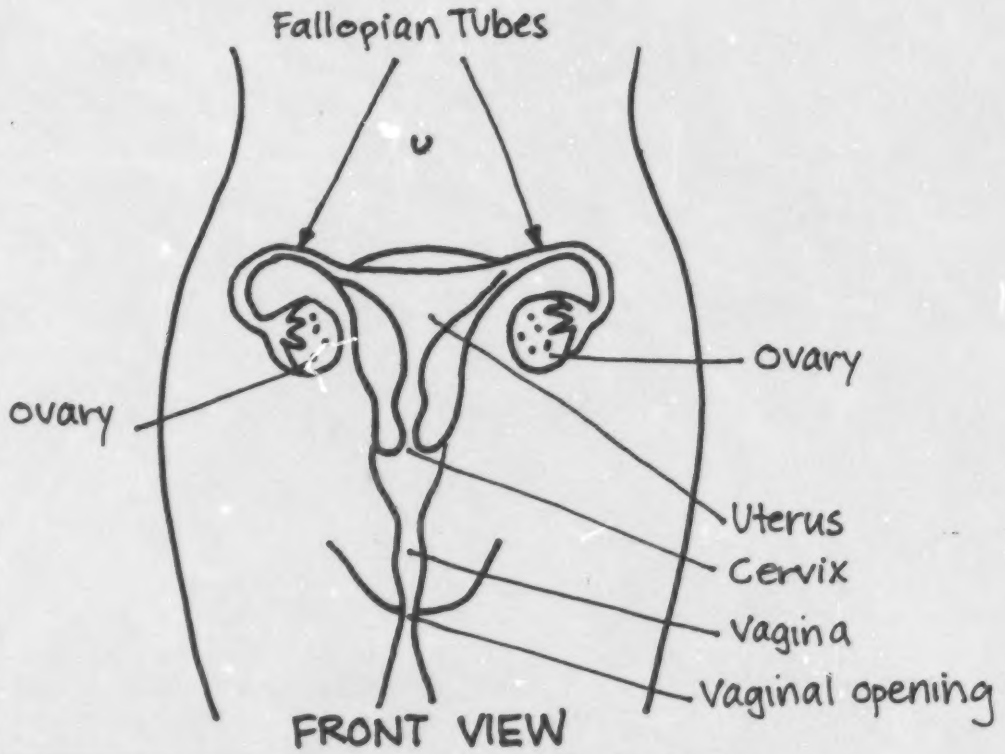


FRONT VIEW

female reproductive system



SIDE VIEW



FRONT VIEW

Adolescent Development and Sexuality

lesson:

Male Reproductive Anatomy

goals:

1. To de-mystify and familiarize students with the male reproductive anatomy.
2. To practice using medical terms.

activities:

1. Question Box
2. Teacher Introduction
3. Male Reproductive Anatomy - Parts and Functions
4. Slang Term Exercise
5. Class Evaluation

materials: included:

Male Reproductive Anatomy Materials

other:

Question Box

references:

Bell, Changing Bodies, Changing Lives, p. 12.

Katchadourian, Fundamentals of Human Sexuality, Chap. 1

McCoy, Wibbelsman, The Teenage Body Book, Pgs. 35-36.

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There are films and filmstrips available to supplement the reproductive anatomy lessons. Be sure to preview any you may want to consider. Consult the audio-visual list that accompanies the curriculum. "Sexuality and the Mentally Handicapped" is especially graphic but extremely clear. We used this slide show in same-sex groups.

ACTIVITY 1: Question Box

Answer questions in the box.

ACTIVITY 2: Teacher Introduction

Explain the necessity of learning about the reproductive/sexual organs in order to understand human sexuality. With this information we will all have a common vocabulary. Also, knowing more about our own bodies will assist us in being healthy.

Learning medical terms is one goal of this course. Students are expected to call body parts by their medical terms. Without a knowledge of proper vocabulary, it is difficult to (a) discuss sexuality, (b) take care of one's own body, (c) get help when you need it.

ACTIVITY 3: Male Reproductive Anatomy

Try to have some large anatomy charts on hand. They are available from the Adolescent Issues Project. Large charts can serve to focus the groups' attention and are helpful reference points. You may choose to hang the charts on the wall as one more way to acclimate students to the terms and diagrams.

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Notes for Teachers

LESSON: Male Reproductive Anatomy

Two suggestions for helping students feel more comfortable with the medical terms are (1) ask the whole group to say each word as you get to it, much as a foreign language teacher would; they should repeat after you; (2) Play "Hangman" with the new terms.

A. Pass out male diagram "Male Reproductive Systems" with attached sheets "Jobs of the Male Sex Organs". Ask students to place the diagram side-by-side with the worded sheet, as the numbers correlate.

B. Go over each organ and its function by:
   1. going around room and asking for volunteer readers or
   2. teachers reading aloud. Teacher uses large diagram in front of class.
   3. as each part is named ask students to repeat it out loud.

C. Answer questions as they arise.

D. Ask students to fill in the blank anatomy diagram as a review. You may not require the students to know all of the organs. Penis, scrotum, testes and urethra seem especially important.
   1. Students can write from memory, or

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2. Teacher reads out the function and students label the organ.

E. Circumcision

1. Ask students if they know what this word means.
2. Pass out picture of circumcised and uncircumcised penises.
3. Circumcision means cutting off the foreskin of the penis. When a penis has been circumcised it ends in a smooth knob, whereas an uncircumcised penis ends in a tube of skin. In terms of sex, it doesn't matter which type of penis it is. A circumcised penis is easier to keep clean.

   Remind students that both types of penises are normal. Circumcision was originally done for religious purposes but has become a widespread practice and occurs when a boy is born. Now, though, many doctors think it is better to leave the penis as it is, (uncircumcised).

Activity 4: Slang Term Exercise

(Please see "Notes for the Teacher" from previous lesson before doing this exercise).

A. Put the word "penis" at the top of the page. Ask students to call out slang terms for this word. Write them all down. When finished, remind students that these are the words that will not be used in class.

B. Do the exercise again with "testes".

C. Write the word "arm". Do the exercise again.

D. Discuss why there are no slang terms for arm.

Activity 5: Distribute Homework

Activity 6: Evaluate the Class (See Program Manual)

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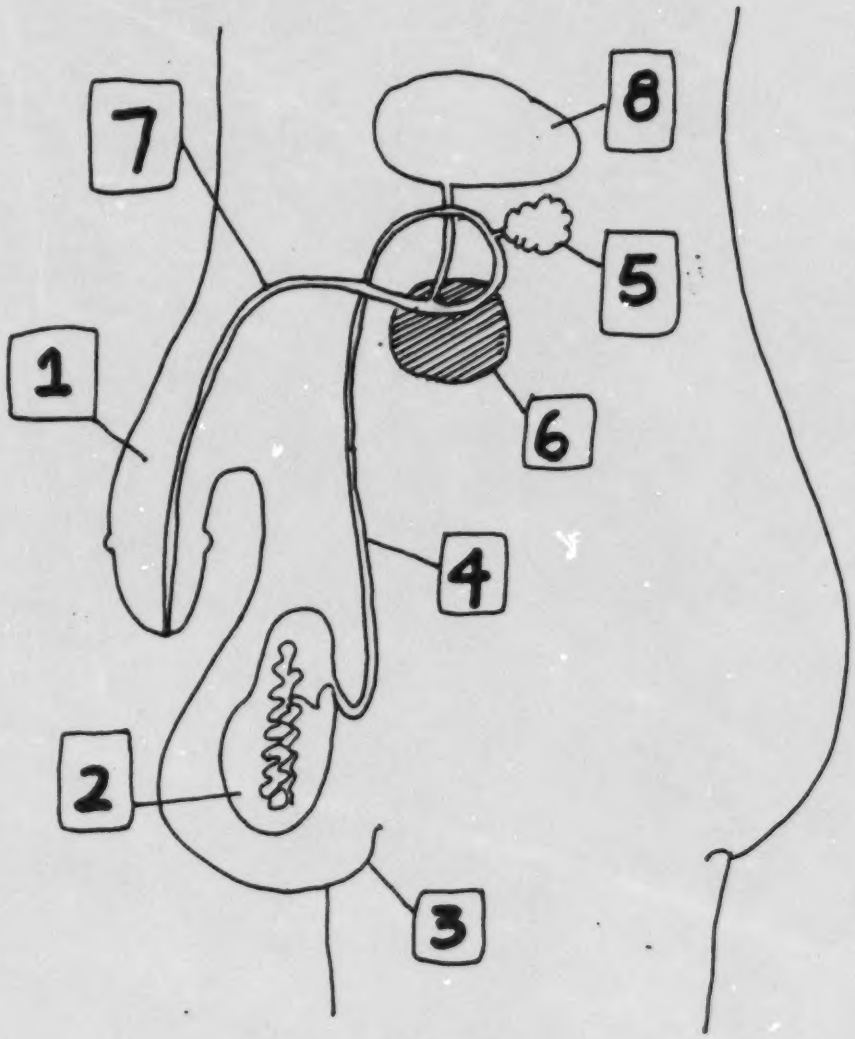
the MALE REPRODUCTIVE SYSTEM



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LESSON: Male Reproductive Anatomy - #3

JOB OF THE MALE SEX ORGANS

-the male sex organs are on the outside of the body so they are easily seen -

1. Penis - The penis has 2 jobs:
   A) Urine leaves the body through the penis.
   B) It is the male sex organ. Most of the time, the penis is soft and limp. When a boy or man gets sexually excited, or sometimes for no reason at all, the penis stiffens and gets hard. This is called an erection. Some teenagers have an extra fold of skin at the tip of their penis. This is called foreskin. Other boys don't have the extra skin because their parents asked the doctors to remove it when the boy was born. This is circumcision.
2. Testes - The testes have 2 jobs:
   A) This is where millions of sperm are made everyday. Sperm begin to be made during puberty and are made everyday after that until the man dies. Sperm are so tiny that it would take 600 in a line to make an inch.
   What is sperm? Sperm is the male reproductive cell. Sperm is what meets with a woman's egg to create a baby.
   B) The second job of the testes is to make hormones. Hormones are the chemicals that cause a boy's body to change into a man's body.
3. Scrotum - The scrotum protects the testes. It is a wrinkled pouch behind the penis that keeps the sperm in the testes at the right temperature.

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4. Vas Deferens - These tubes carry the sperm from the testes into a sperm storage area and then into the prostate gland.
5. Seminal Vesicles - Where sperm are stored until a man ejaculates and the sperm leaves the body.
6. Prostate Gland - The fluid, called semen is made here. This is also where the sperm mix with semen.
7. Urethra - The tube that carries semen down through the penis and out of the body. This tube also carries urine out of the body. Semen and urine never pass out of the body at the same time because of a special shut-off valve near the bladder.

   When the penis is erect, the valve shuts off and no urine can pass out of the bladder.
8. Bladder - Where urine is stored.

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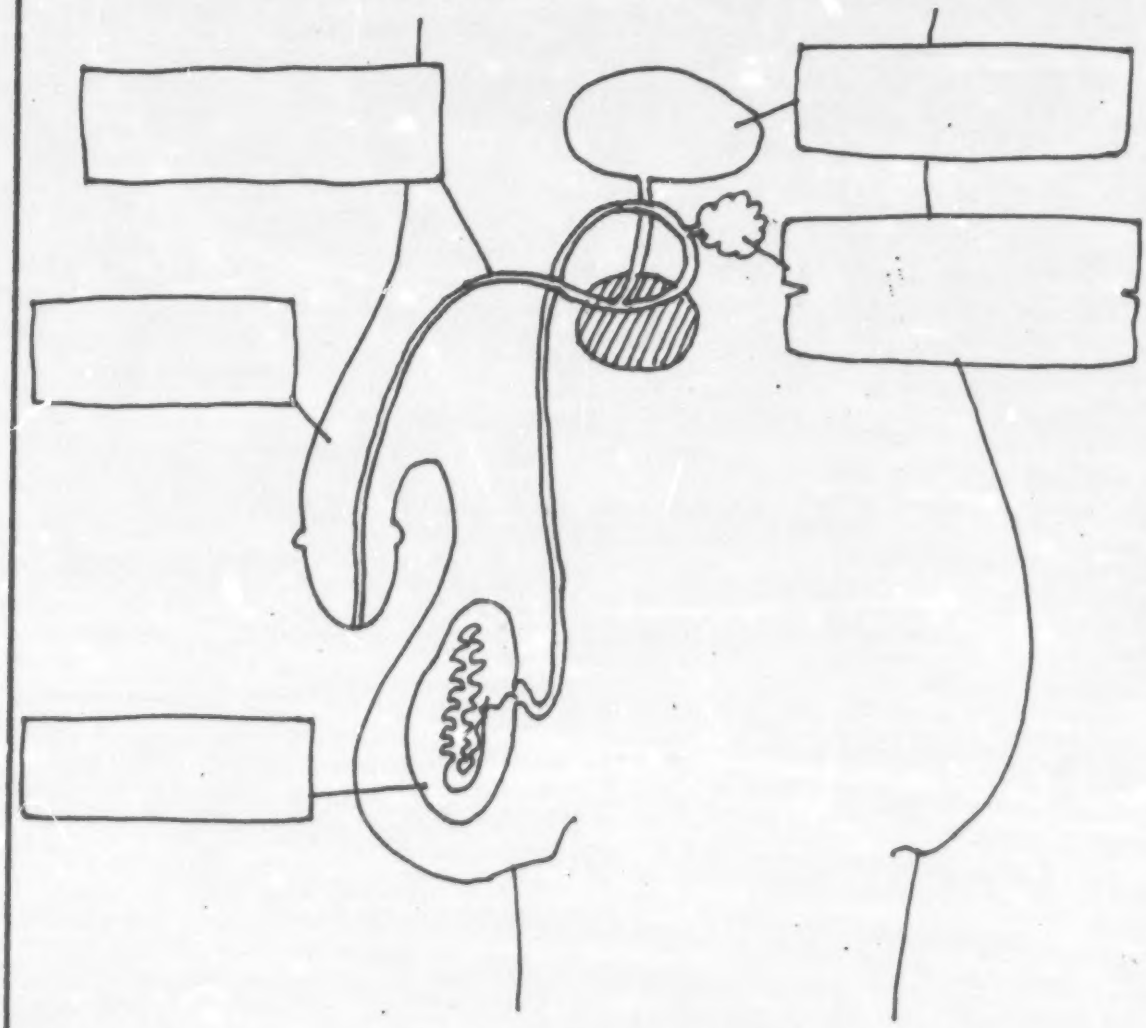
the MALE REPRODUCTIVE SYSTEM

Use these terms to label the parts of the reproductive system

penis testicle
seminal vesicle urethra bladder



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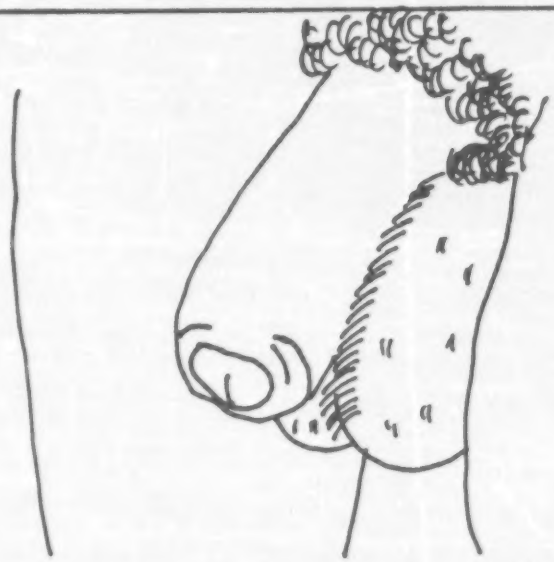
Circumcised Penis



Uncircumcised Penis

Homework

name: _____

1) What are the two jobs of the penis?

a. _____

b. _____

2) What is sperm?

_____

_____

3) Where is sperm made?

_____

4) Do most males get erections?

_____Yes _____No

Adolescent Development and Sexuality

lesson: Female Reproductive Anatomy

goals: To de-mystify and familiarize students with the female reproductive system.

activities:

1. Question Box
2. Female Reproductive Anatomy - Organs and Functions
3. Anatomy Review
4. True or False?
5. Class Evaluation

materials:

included: All

other: Question Box

references: Bell, Changing Bodies, Changing Lives, pp. 25-29;

Comfort, A. and J., The Facts of Love, pp. 56-60;

McCoy, Wibblesman, The Teenage Body Book, pp. 8-11.

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ACTIVITY I: Question Box

Answer questions in the question box.

ACTIVITY II: Female Reproductive Anatomy

Make the transition from male to female by stating that all bodies are the same inside except for the reproductive systems. Now we will learn about the female reproductive system.

One option is to devote some time to ways in which male and female bodies are:

(a) alike
(b) different

Do the same for kids vs. adults.

The discussion of similarities and differences regarding sexuality is important for other topics -- especially homosexuality, choices of lifestyle (marriage, etc.)

External female genitalia diagram may cause some problems for students. Be prepared. There is not too much to do to anticipate these problems, except to model a reasonable level of comfort yourself. Practice saying the body parts alone or with peers before teaching this lesson.

A. Pass out female diagrams with attached sheets. Ask the students to place the diagram side-by-side with the worded sheet, as the numbers correlate.

B. Use large teacher charts to show placement of organs during lesson and to keep group attention.

C. Go over organs by cross-referencing the diagram with the sheet.

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D. Go over external, then internal organs and their functions.

1. Ask for volunteer readers, or

2. Teacher reads aloud.

3. As each organ is named, ask the students to repeat it out loud.

E. Answer questions as they arise.

If you are a female and feel comfortable enough, try to show placement of the internal organs on yourself. Hold your fist on each ovary and place your hand on top of the uterine area. This will help students get some perspective.

Hymen - Students may want to know about a girl's "cherry" or what it is that "gets broken" inside at first intercourse. The hymen is a thin piece of skin stretched across the opening of the vagina. The hymen can tear open (not noticeable) at any point in a girl's life. If it is still in place when a girl tries to use a tampon or have intercourse for the first time, it may be a little painful and she may bleed a little.

ACTIVITY III - Anatomy Review

A. Pass out blank anatomical drawings

B. Students will fill-in the organ names, either writing from memory or as leader states an organ's function.

C. Try to glance at students' work to assess their knowledge, or collect their sheets.

ACTIVITY IV - True or False?

A. Pass out worksheets.

B. Read each sentence aloud.

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C. When completed, go over worksheet as a group.

D. Answer Key - True or False?

1. F (in the uterus)
2. T
3. T
4. F (from the ovaries)
5. T
6. F (urethra)
7. F (in the fallopian tubes)
8. T

ACTIVITY V - Evaluate the Class

(see Program Manual)

--Don't forget to ask for anonymous questions--

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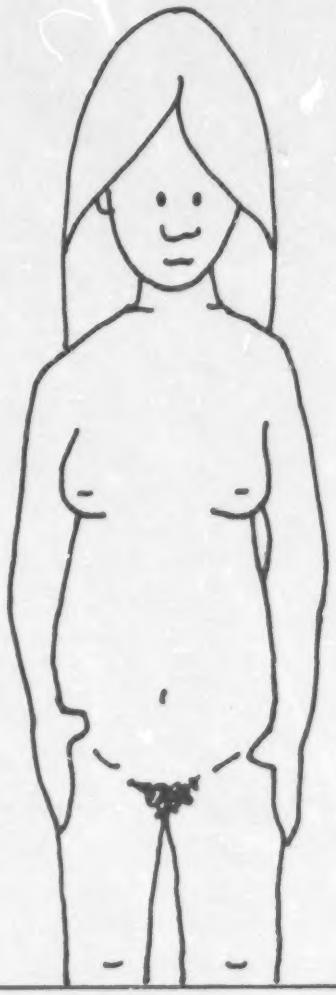
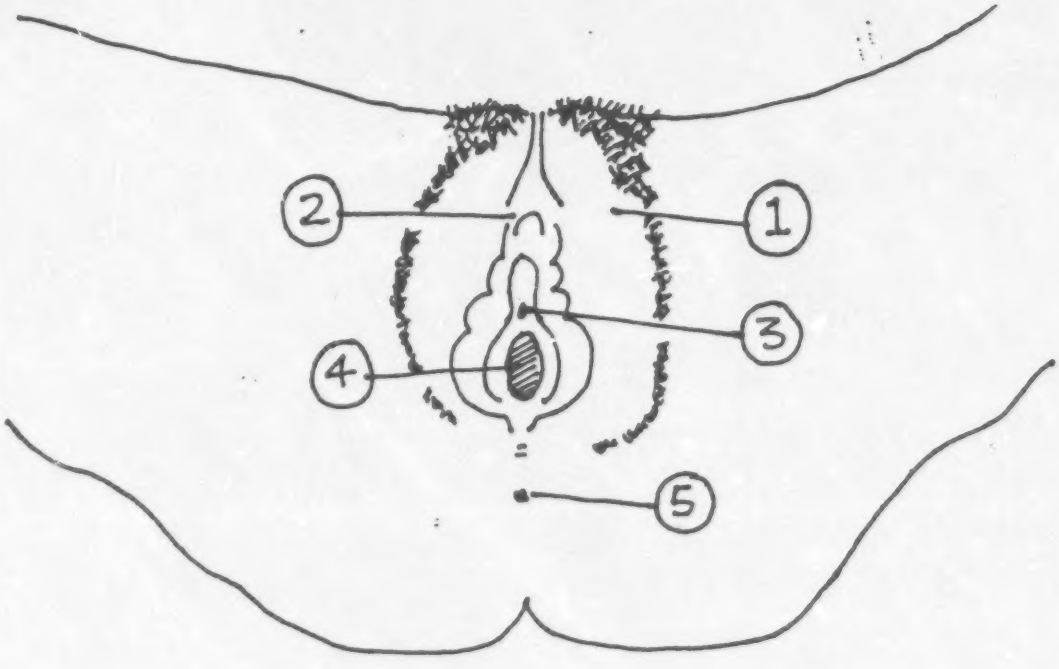


the Female Reproductive System
outside (external) organs

the EXTERNAL PARTS of the FEMALE REPRODUCTIVE SYSTEM

1. outer labia
2. clitoris
3. urethral opening
4. vaginal opening
5. anus



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Most of the female sex organs are on the inside of the body, so they cannot be seen very easily.

The first sheet you have is a drawing of the outside part of the female genitals (or sex organs). Starting from the front you will see a soft, fleshy mound. Then there will be two lips.

1. Lips or Labia: The lips protect the inside of a woman's genitals (or sex organs).
   Under the lips there is a clitoris, a urethra and an opening that leads to the vagina:

2. Clitoris: A little pea-shaped bump. The only purpose the clitoris has is to make a woman feel good. When this little bump is gently rubbed, a girl may have an orgasm.

Women have three holes between their legs. The front one is the urethra, the middle one is the opening to the vagina, and the back one is the anus.

3. Urethra: A tiny little opening where urine (water) passes out from the bladder.

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4. Opening to the Vagina: This opening leads to the vagina:

a. Out of this opening comes babies, menstrual blood, and some normal liquids.

b. This opening is also where a tampon goes in and where the penis goes in during intercourse.

5. Anus: The opening for bowel movements (waste) to pass through.

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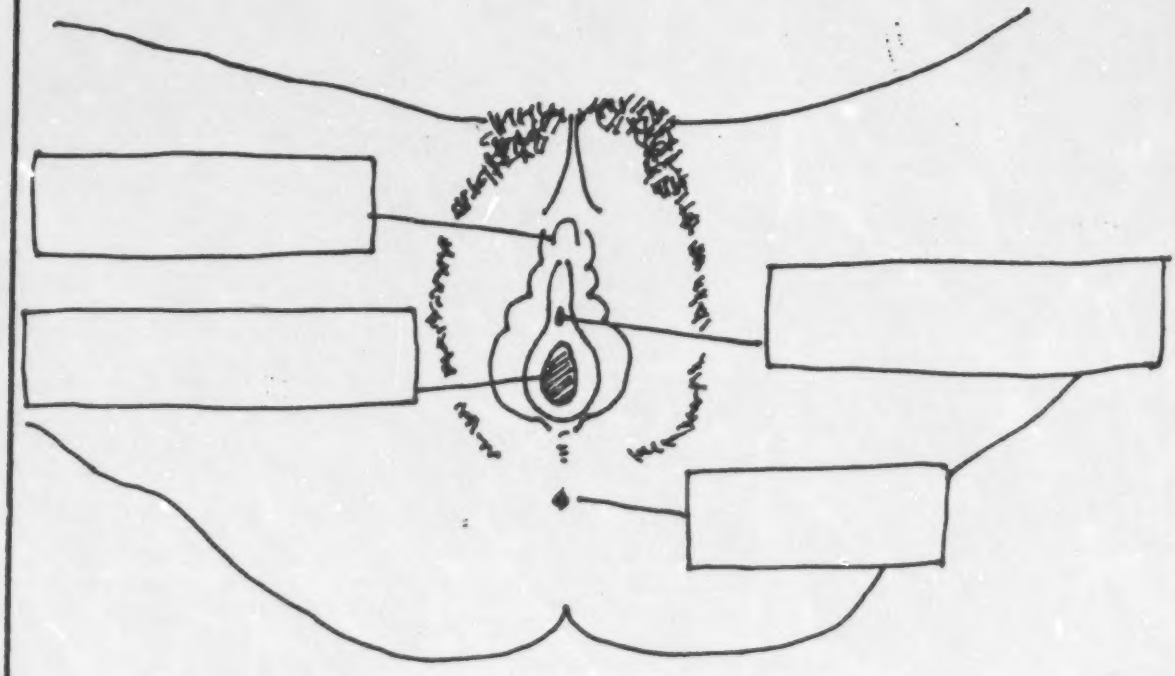
the EXTERNAL PARTS of the FEMALE REPRODUCTIVE SYSTEM

Use these terms to label the parts of the reproductive system

clitoris
anus
urethral opening
vaginal opening



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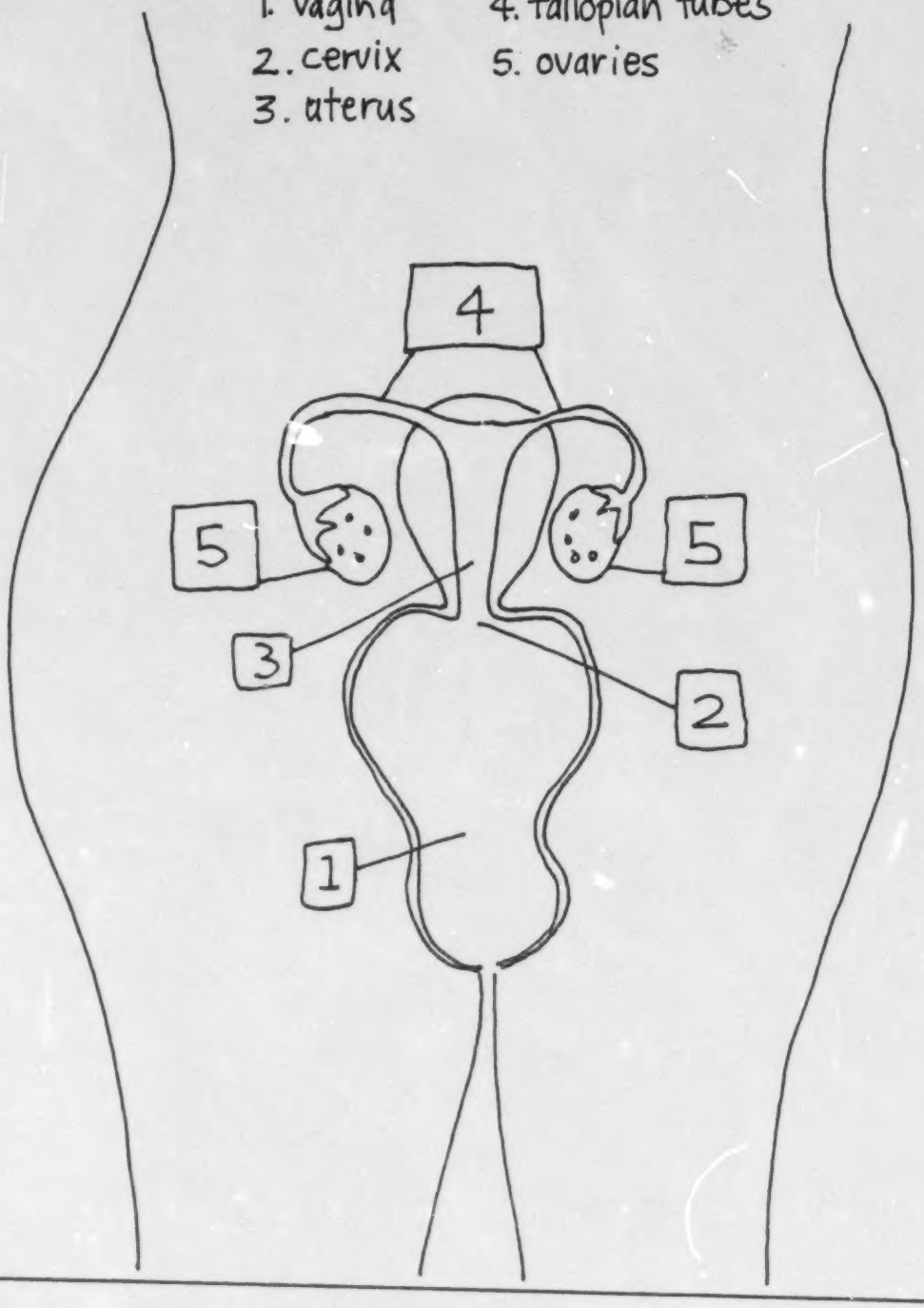
the FEMALE REPRODUCTIVE SYSTEM

Use these terms to label the parts of the reproductive system

1. vaging
2. cervix
3. uterus
4. fallopian tubes
5. ovaries



Female Reproductive Anatomy

#5

Now look at your second page. We are looking at the reproductive organs that are inside.

1. Vagina: This is the passage that leads to the uterus. The walls of the vagina are moist, because there is mucus in the vagina. When a girl uses a tampon, it sits in the vagina. When a woman has intercourse with a man, the penis is in the vagina.

2. Cervix: The lower part of the uterus. The hole in the cervix is tiny, so the uterus will be protected.

3. Uterus: An organ about the size of a small fist. The walls are strong and stretchy.
   a. The uterus is where the baby grows in a mother.
   b. Sometime during puberty a girl will start menstruating. Then the uterus lines with blood every month just in case one of her eggs was fertilized by a sperm and a baby was started.

4. Fallopian Tubes:
   a. The tube sucks up an egg when it is let go by the ovary.
   b. A woman's egg moves through these tubes.
   c. Where sperm usually meets the egg.

5. Ovaries: There are two ovaries, one on each side.
   a. Where eggs are stored and released.
   b. Where the sex hormones are made. Hormones - chemicals that cause the changes in the body.

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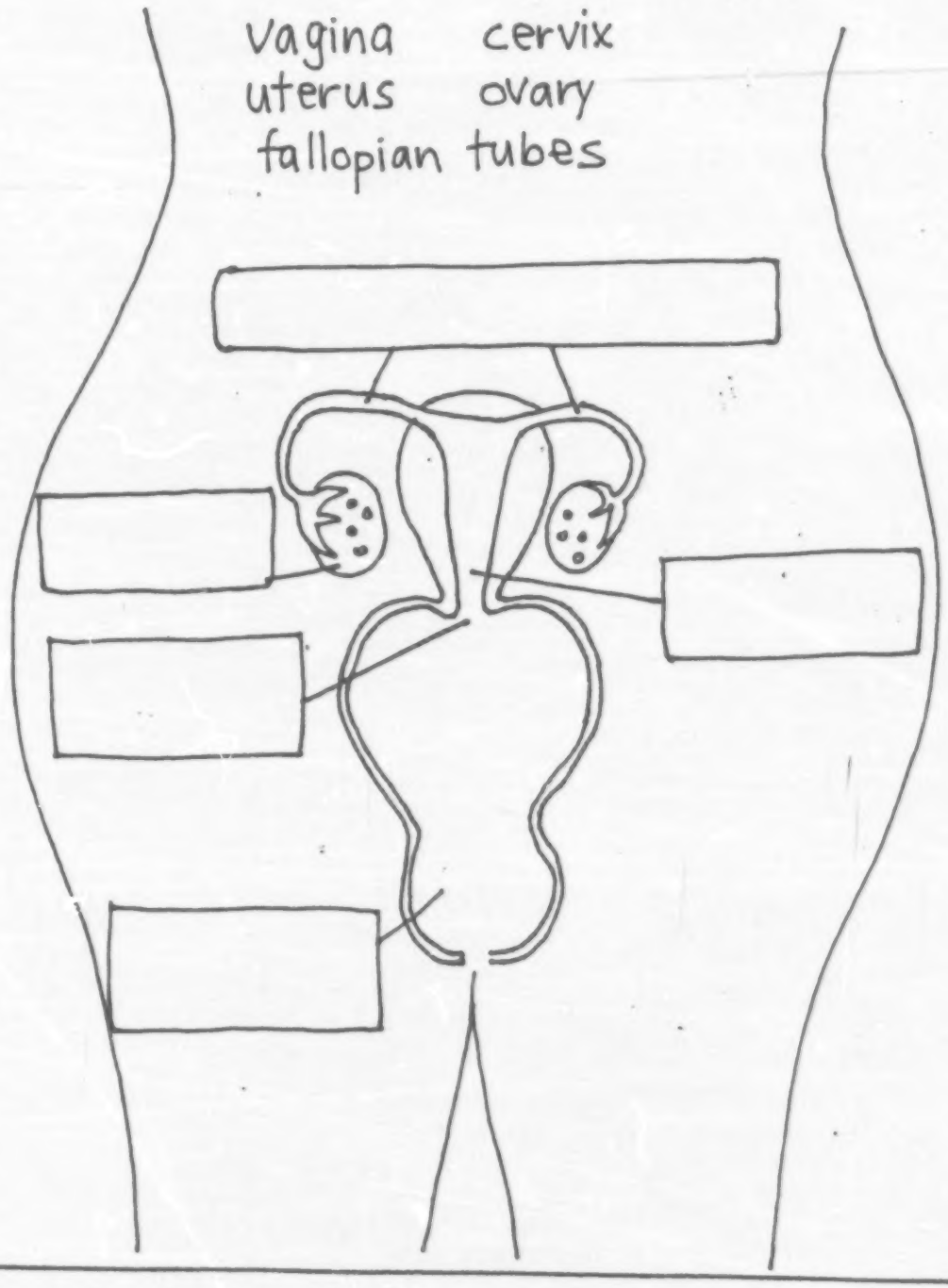
the FEMALE REPRODUCTIVE SYSTEM

Use these terms to label the parts of the reproductive system

vagina cervix
uterus ovary
fallopian tubes



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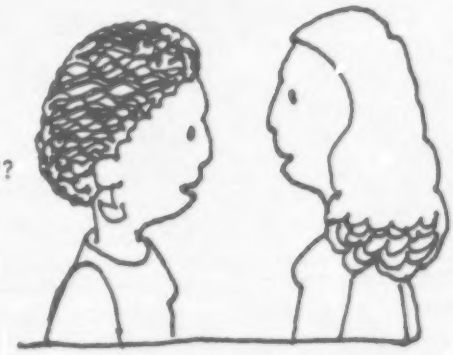

True or False??

_____ 1. A baby grows in the ovaries.

_____ 2. The clitoris is the organ that gives a girl pleasure.

_____ 3. A girl's vagina is usually moist.

_____ 4. Eggs are let go from the uterus.

_____ 5. The uterus is a very stretchy organ.

_____ 6. Urine comes out of the vagina.

_____ 7. The sperm and the egg usually meet in the vagina.

_____ 8. The vagina is the passage that the penis fits into, during intercourse.

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Adolescent Development and Sexuality

lesson:

Female Puberty - Part I

goals:

For students to learn about the physiological changes that occur at puberty.

activities:

1. Question Box
2. Anatomy Review
3. Puberty: Definition and Brainstorm
4. The Role of Hormones
5. Quotes from Teens/Rating Exercise
6. Introduction to Menstruation
7. Class Evaluation
8. Optional: Film -- "Dear Diary"

materials:

included:

All worksheets

other:

Question Box

Film -- "Dear Diary"

references:

Bell, et. al. Changing Bodies, Changing Lives, pp. 19-25.

Kelly. Learning About Sex, pp. 19-24.

McCoy, Wibblesman. The Teenage Body Book, pp. 11-14.

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Notes for Teachers

LESSON: Female Puberty

"Dear Diary" is the female counterpart to "Am I Normal?". Although it is not as complete in its coverage of puberty (omits masturbation) and continues to "star" middle-class teens, it is a first-rate film. Students, parents and staff will enjoy and benefit from a viewing of this film.

ACTIVITY I: Question Box

Answer questions in the question box.

ACTIVITY II: Female Reproductive Anatomy Review

A. Ask students to take out diagram of female reproductive system from previous lesson.

B. Ask for any questions about the system.

C. Oral review

1. Teacher questions class about the function of each organ.
2. If they've forgotten, review organ functions briefly.
3. Say terms aloud and/or play Hangman (see previous lesson).
4. Remind students that they will be quizzed on this material, if you are planning to do so.

Some sex educators think it important that students know the terms and functions of the reproductive organs before moving beyond the anatomy lessons. The students will learn more about puberty, conception, disease and other topics if they are completely familiar with the anatomy information. You and your colleagues will have to determine if students must pass a quiz on anatomy before continuing with the classes. A quiz is included after the lessons on anatomy.

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ACTIVITY III: Puberty

A. Ask: Who remembers what puberty means?

B. Brainstorm

1. Generate list of bodily changes that occur over the course of puberty.

Pubertal Changes - Female:

a. breasts grow
b. hair will grow under arms, and thicker/darker on arms, legs, etc.
c. pubic hair on outside of genitals
d. grow taller
e. hips will get bigger, weight is re-distributed
f. inside, uterus and vagina will grow
g. eggs in ovaries mature, they begin to be released once per month
h. menstruation will begin, though irregularly at first
i. skin gets oilier (pimples)
j. start to sweat more
k. sexual feelings may get stronger

Changes do not occur all at once; typically, they will happen sometime between 9-16.

How do these changes affect personal behavior - hygiene, self-consciousness, dating, athletics, etc.

ACTIVITY IV: The Role of Hormones

A. Pass out student worksheet

B. Review role of hormones

C. Go over sheet verbally

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ACTIVITY V: Quotes from Teens

A. Read quotes aloud to students, or they can read them.

B. Rating Exercise. Ask students to rate their own reactions to growing up. Use the class evaluation rating scale (excellent, good, fair, poor, etc.) Remind them of the different reactions to changing that they saw in "Am I Normal?" Ask, "Why did you rate that way?" Always try to ask students to give reasons for their responses.

Many students may not want to rate themselves publicly. If that is the case, try one or both of the following:

1. students rate how teens they know feel about growing up (especially bodily changes)
2. students do the exercise in written format, privately

ACTIVITY VI: Introduction to Menstruation

A. Introduction. Menstruation is one of the changes of puberty. It means that a girl's body is ready to produce and nurture a baby. Who knows some slang terms for menstruation?

B. List slang terms.

C. Ask students to repeat the term out loud.

D. Ask:

1. What do you already know about menstruation?
2. What do you want to learn about it? Elicit questions and list them publicly or ask that each student write down a question they have and place it in the anonymous question box.

E. Hold up large teacher diagram of female reproductive anatomy. Show the uterus, where the bloody lining develops.

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ACTIVITY VII: Evaluate the Class

(see Program Manual)

NOTE: The slide show "Sexuality and the Mentally Handicapped" has two sections on Male and Female Puberty.

The slides are photographs of real people and are very graphic. They require teacher narration from a script. We have shown them in same-sex groups and urge complete preview of the slides before use. It is an excellent teaching aid.

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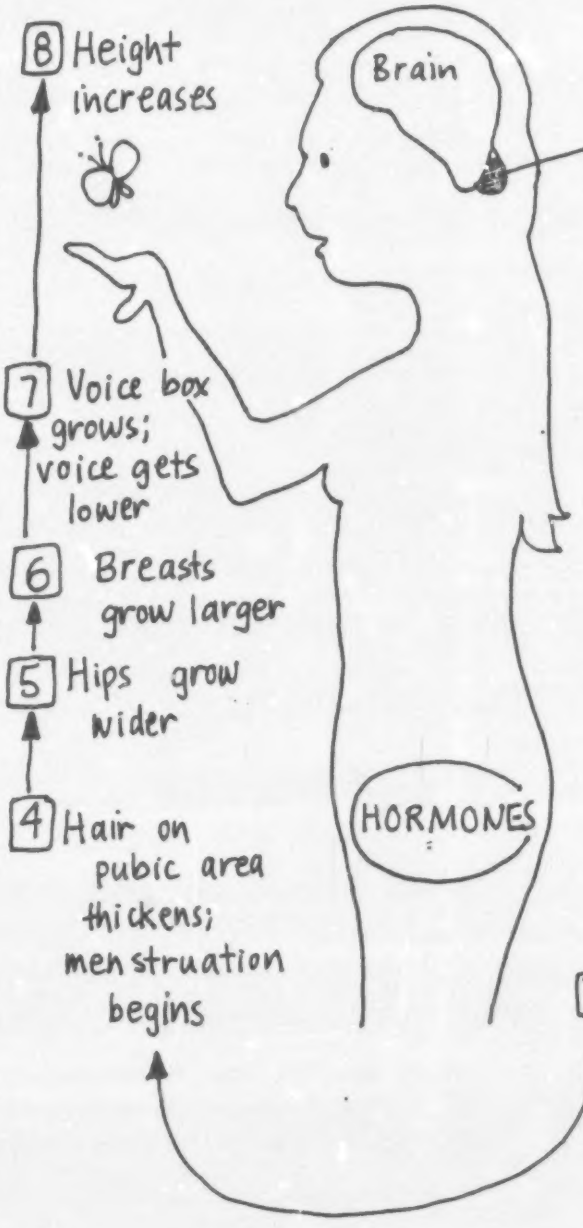
FEMALE PUBERTY
the role of the hormones



8 Height increases

7 Voice box grows; voice gets lower

6 Breasts grow larger

5 Hips grow wider

4 Hair on pubic area thickens; menstruation begins

1 Hypothalamus sends message to the ovaries to produce hormones

2 Hormones enter bloodstream and cause changes in the body

3 Hair on legs and arms gets thicker

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"QUOTES"

Janet:

"I started maturing physically when I was very young. And I never wanted to. When I was about nine I already started having breasts and I hated it. I was still a tomboy, and I used to do anything to hide my chest, like wear baggy shirts and overalls all the time. Now that I'm older, I realize that I just didn't feel ready to grow up then. My body was leading the way and my feelings about changing were about a mile behind."

Judy:

"When my breasts first started growing I used to wear really supertight shirts - my little sister's T-shirts. I'm serious - to flatten me. Then I'd wear another shirt over that because I was really self-conscious. I was only in third grade and every other girl in the class was flat as a board."

"I must have been about ten or eleven when I first started getting breasts - well, not exactly breasts, but swellings on my chest. I was so proud I went around showing everybody who was interested, you know, everyone in my family and some close family friends."

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Taken from Changing Bodies, Changing Lives by Ruth Bell et al.

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lesson:

Male Puberty - Part I

goals:

For students to learn about the physiological changes that occur in males at puberty.

activities:

1. Question Box
2. Anatomy Review
3. Puberty: Definition and Brainstorm
4. Quotes from Teens
5. "What's Really Going On?"
6. Class Evaluation

materials:

included:

All

other:

Question Box

references:

Bell. Changing Bodies, Changing Lives, pp. 9-18.
Kelly. Learning About Sex, pp. 9-19.
McCoy, Wibblesman. The Teenage Body Book, pp. 37-39.

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ACTIVITY I: Question Box

Answer the questions from last lesson.

ACTIVITY II: Male Reproductive Anatomy Review

A. Ask students to take out diagram of male reproductive system from previous lesson.

B. Ask for any questions about the system

C. Oral review

1. Teacher questions class about the function of each organ.
2. If they've forgotten, review organ functions briefly.
3. Say terms aloud and/or play Hangman (see previous lesson)
4. Remind students that they will be quizzed on this material, if you are planning to do so.

Some sex educators think it important that students know the terms and functions of the reproductive organs before moving beyond the anatomy lessons. The students will learn more about puberty, conception, disease and other topics if they are completely familiar with the anatomy information. You and your colleagues will have to determine if students must pass a quiz on anatomy before continuing with the classes. A quiz is included after the lessons on anatomy.

ACTIVITY III: Puberty

Defining puberty:

1. Write "puberty" on the board.
2. Ask students for their definitions.
3. Look up the word in the dictionary.

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One of the amazing things that the reproductive system does is to change as a person changes and grows.

The most important time of change for the reproductive system occurs between the ages of 9-16. This is called puberty. During puberty, a person changes both physically and emotionally.

B. Brainstorm

1. Brainstorm a list of bodily changes that occur over the course of puberty.

Pubertal changes include:

a. penis and testicles grow bigger
b. a boy grows to almost full height
c. voice changes (deepens) due to the larynx (voicebox) growing longer.
d. skin becomes "oilier" - this sometimes leads to pimples or acne
e. testicles start to make millions of sperm
f. pubic hair grows - around the penis, scrotum and anus
g. body hair gets thicker on legs, arms, etc.
h. ejaculation begins
i. stronger sexual feelings occur
j. sweat glands work more - more perspiration
k. muscles and strength increase

ACTIVITY IV: Quotes from Teens

A. Read quotes aloud to students, or they can read them.

B. Discuss the quotes by rating them as to their realness and/or prevalence.

C. Emphasize that rates of change differ between people. Just as people's bodies change at different times, so do their feelings Some people are heterosexual, others are homosexual; some people have sexual feelings a lot, others hardly notice them at all.

It is important to include mention and discussion of homosexuality from the very beginning of the course. Just using the term in every lesson will increase students' level of comfort with the concept of homosexuality as one type of lifestyle.

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ACTIVITY V: "What's Really Going On?"

A. Read this through before class to gain familiarity and plan for method of discussion.

B. Pass out cartoon

1. Ask for student volunteers to read parts or

2. Divide cartoon into what is being said and what is being thought.

Teacher Wrap-up: These changes don't occur all at once, but most of them will happen sometime between 9-16 years old.

Emphasize that the changes take place at different times, for different people. Begin to talk about the effect of these changes on personal behavior - e.g., hygiene, self-consciousness, dating, athletics, etc.

ACTIVITY VI: Evaluate the Class

(see Program Manual)

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"QUOTES"

1. Steven, a seventeen-year-old from Los Angeles, speaks for many boys: "Well, for me it was weird because I didn't even start growing until last year. Everybody thought there was something wrong with me because I still looked like a ten-year-old up until I was fifteen or sixteen. That has been really a bad experience for me because everybody was changing around me and I was standing still. I was changing in my head but not in my body. My parents were even going to take me to the doctor to see if I was deformed or something like that, but they didn't, and finally last year I started to grow. My voice started changing and everything, so I guess I'm normal after all, but I think it's going to be a while before I stop feeling like I'm different from everybody else."

2. Jerry, who is twelve, was surprised at first: "When my penis first started getting hard, like at a movie during a love scene, I remember thinking, Hey, what's this? Why is this happening?"

3. Eric (fourteen): "When I get a hard-on in the subway, I think, 'Oh no, everybody's noticing me!' I don't have any control over it, and it makes me want to slink off without even waiting for my stop."

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"QUOTES" (cont.)

4. Joe says:

"I thought I had a real problem because I would get hard-ons about fifteen or twenty times a day, for no reason at all. I'd be sitting at my desk, and maybe my mind would be wandering and all of a sudden, ZAP! There it would be. I used to put a book down in my lap and read it from there. When I asked my friend how many times he would get hard during the day, he said not so much, so I was sure there was something wrong with me."

5. Dennis had a wet dream:

"I was about thirteen. I felt like I had this total sexual experience in my dream and I woke up and thought, ' Wow, did this really happen or not?' It blew my mind it felt so real. After a second I realized my pajamas were wet. I sort of knew what it had to be, but still I was a little surprised."

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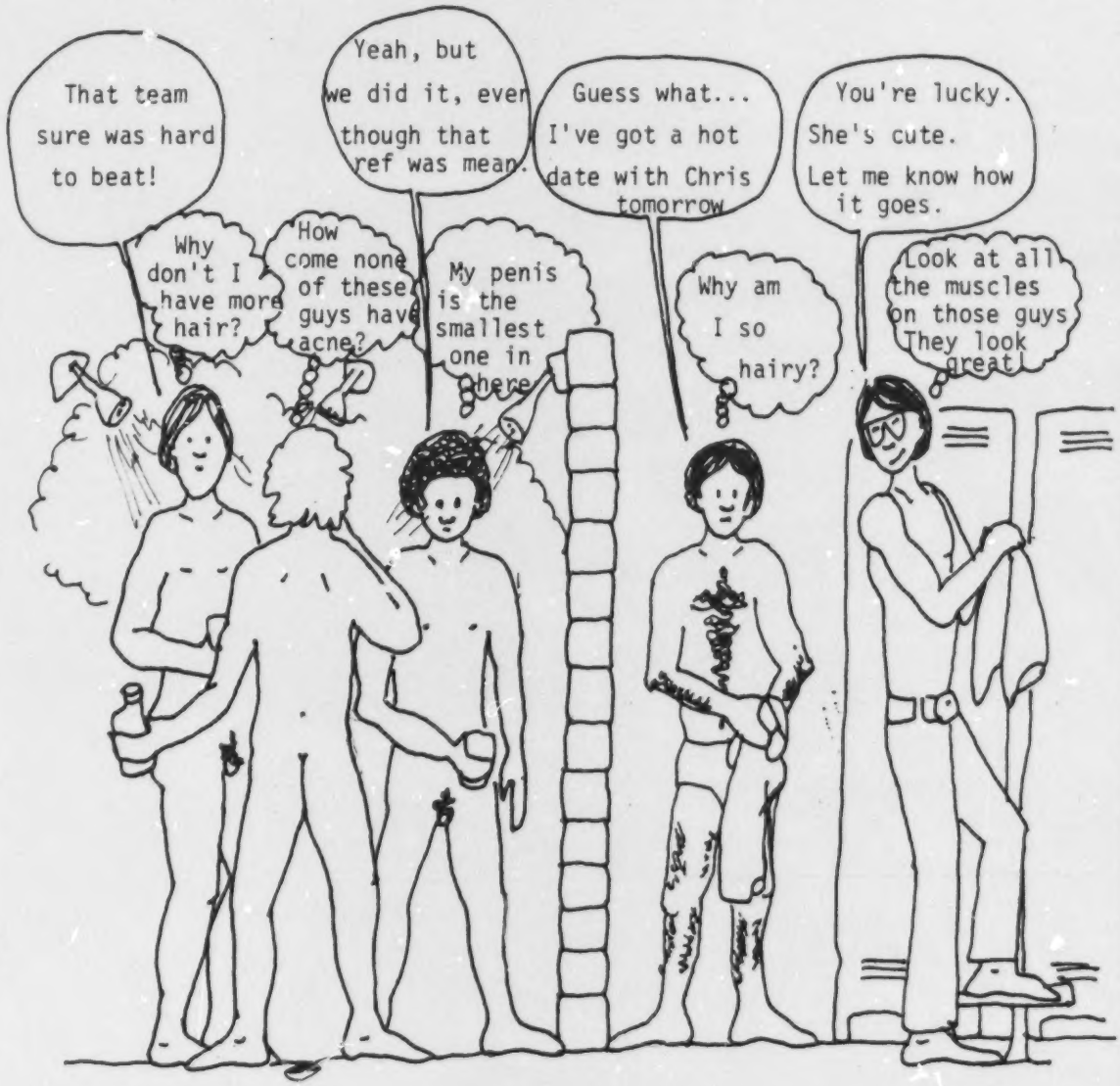
That team sure was hard to beat!
Yeah, but we did it, even though that ref was mean.
Guess what... I've got a hot date with Chris tomorrow
You're lucky. She's cute. Let me know how it goes.
Why don't I have more hair?
How come none of these guys have acne?
My penis is the smallest one in there
Why am I so hairy?
Look at all the muscles on those guys They look great!

1. What is being said? Name what the guys are talking about.
2. What is being thought?
3. Do you think most teenagers have these thoughts?
4. Would a girls' locker room scene be like this one? Why? Why not?

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Adolescent Development and Sexuality

lesson:

"Am I Normal?" -- A Film

goals:

1. To review male puberty.
2. To provoke students' thinking about adolescent stereotypes.

activities:

1. Question Box
2. Show film
3. Reaction/Response
4. Small-group Brainstorm
5. Large-group Sharing and Discussion
6. Class Evaluation

materials:

included:

Discussion Sheets

other:

"Am I Normal?"

Projector, screen

references:

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Notes for Teachers

LESSON: "Am I Normal"

ACTIVITY I: Question Box

Answer questions in the question box.

ACTIVITY II: "Am I Normal?"

We have included a lesson on this film because the students seemed to get so much out of seeing it. The characters are too stereotypically middle-class, but the effective combination of humor and fact helps to mediate this problem.

The film reviews the male reproductive anatomy as well as the changes associated with puberty. The film lasts approximately 25 minutes.

Parents will enjoy seeing this film and will probably appreciate knowing what their child is learning about.

ACTIVITY III: Reaction/Response

Elicit reactions to film: what the group liked, disliked, found humorous, helpful, stereotypical, etc. What wasn't covered that they consider important?

ACTIVITY IV: Small-group Brainstorm

A. Divide up into same-sex groups

B. Pass around "brainstorm exercise" sheets

C. Group brainstorms on each topic

D. Someone is the recorder and notes responses

E. Choose spokesperson (adult or student)

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This is a list of places you can call or go to if:

1) you have any questions about sex
2) you need advice about birth control
3) you want to talk to someone about choices
4) you get pregnant
5) you get someone pregnant
6) you think you may have an S.T.D.

PLACE	PHONE
Planned Parenthood, Cambridge	492-0518 or 492-0777
Preterm, Brookline	738-6210
Charles Circle Clinic, Boston	723-5400 or 262-3876
Crittenton House, Brighton	782-7600
Beth Israel Hospital, Boston	735-3736
Bunker Hill Health Center, Charlestown	241-8800 ext. 78
Harvard Street Health Center, Dorchester	825-3400
So. Jamaica Plain Health Center, Jamaica Plain	524-3500
Mattapan Community Health Center, Mattapan	296-0061
Dimock Street Community Health Center, Roxbury	442-8800
Somerville Hospital, Somerville	666-4400
Operation Venus (S.T.D. Information)	1-800-272-2577

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ACTIVITY V: Large-group Sharing and Discussion

A. Reconvene as a group

B. Go through each of the six topic areas and share responses.

C. Student or adult spokesperson shares their group's answers.

D. This may lead to an animated discussion between the males and females, so try to allow some time for this activity.

E. Urge a comparison of responses. Were they similar, different, why?

ACTIVITY VI: Evaluate the class

(see Program Manual)

--Distribute homework--

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"Am I Normal?"

BRAINSTORM EXERCISE

The Best and the Worst of Puberty

for BOYS

1. The best things about being a boy are:
   a.
   b.
   c.
   d.
2. The worst things about being a boy are:
   a.
   b.
   c.
   d.
3. The best things about being a girl are:
   a.
   b.
   c.
   d.

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4. The worst things about being a girl are:

   a.

   b.

   c.

   d.

5. What are some of the things boys do to impress girls?

   a.

   b.

   c.

   d.

6. What are some of things girls do to impress boys?

   a.

   b.

   c.

   d.

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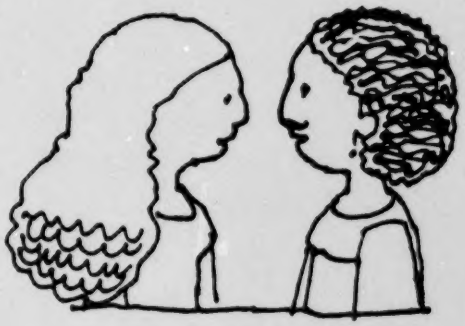
"Am I Normal?"/3

For GIRLS

1. The best things about being a girl are:



   a.

   b.

   c.

   d.

2. The worst things about being a girl are:

   a.

   b.

   c.

   d.

3. The best things about being a boy are:

   a.

   b.

   c.

   d.

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4. The worst things about being a <u>boy</u> are:

   a.

   b.

   c.

   d.

5. What are some of the things boys do to impress girls?

   a.

   b.

   c.

   d.

6. What are some of the things girls do to impress boys?

   a.

   b.

   c.

   d.

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Homework

name: _____

1. List 3 places or people a teenager can go to get answers to questions they have about growing and changing:

   a. _____

   b. _____

   c. _____

2. What is one <u>new</u> thing you learned from the film, "Am I Normal?"

   _____

   _____

   _____

3. <u>True or False</u> (Circle one)

   A. Friends will laugh at you if you ask questions about sex. T F

   B. Friends can answer all your questions about sex. T F

   C. An erection can be caused by thoughts, dreams and ideas. T F

lesson:

Male Puberty - Part II

goals:

To integrate anatomical information with students' interests and concerns about puberty.

activities:

1. Question Box
2. The Role of Hormones
3. Myth or Fact?
4. Rate the Worry -- Small-Group Discussions
5. Class Evaluation

materials:

included:

All

other:

Question Box

references:

Comfort, A. & J. The Facts of Love, pp. 33-41.

Kelly, G. Learning About Sex, pp. 29-33.

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ACTIVITY I - Question Box

Answer the questions in the question box.

ACTIVITY II - The Role of Hormones

A. Teacher Introduction: why and how changes begin.

Why -- People must reproduce to keep people on earth. The body is made in a way that makes reproduction easy.
How -- when the body is ready to change, a part of the brain (the hypothalamus) sends a signal to the testes to start working. The hormones (look back on organ definition sheet) carry the signals from the testes to the other parts of the body, to tell them that it is time to change. The hormones are carried by the blood through the body and start most of the changes of puberty.

B. "The Role of Hormones"

1. Pass around handout.

2. Review definition of "hormones" (see previous lesson).

3. Go over handout, emphasizing the important role of the testes.

ACTIVITY III - Myth or Fact?

A. Pass around handout.

B. Read each sentence aloud as students mark T or F.

C. Go over handout as a group.

D. Answer Key, Myth or Fact

1. F (erections are often random)
2. F (during sexual excitement, a valve blocks the opening from the bladder to urethra)
3. T
4. T
5. F (sperm is made everyday)
6. T
7. F (this is a line often used by males to convince others to get involved sexually)
8. T (even in uterus)
9. T
10. guess....

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ACTIVITY IV - Rate the Worry

This is a difficult activity. It involves sorting 8 different concepts at one time. Try to get around to each student or group of students to clarify their questions and facilitate the exercise. Good luck!

A. Pass out handouts.

B. Teacher reads entire sheet once through.

C. Directions to class:

1. Each boy is to mark a number 1 in the box of his biggest worry, number 2 by his next worry, and onwards up to number 8, the change that he's least worried about. The girls mark the sheet according to how they think the boys are marking it.

2. If boys feel too embarassed to do this for themselves, the rating could be done according to what each student thinks most boys worry about.

D. Small-group Discussions

1. Boys and girls divide into separate groups.

2. Within the groups they compare their ratings. If the boys are feeling uncomfortable, suggest they compare their least worries.

3. Both groups share and compare their ratings. Suggest that the girls go first. Did they guess boys' concerns correctly? Were the boys in agreement with each other?

Teacher wrap-up: Remind students that all people change at different rates and that most kids worry about whether they're normal. This is a very important concept.

Tell students that we hope these class discussions will lead to a more open communication between boys and girls, as well as help students feel more at ease about their own development.

ACTIVITY V - Evaluate the Class

(see Program Manual)
--Don't forget to ask for anonymous questions--

Pass out homework.

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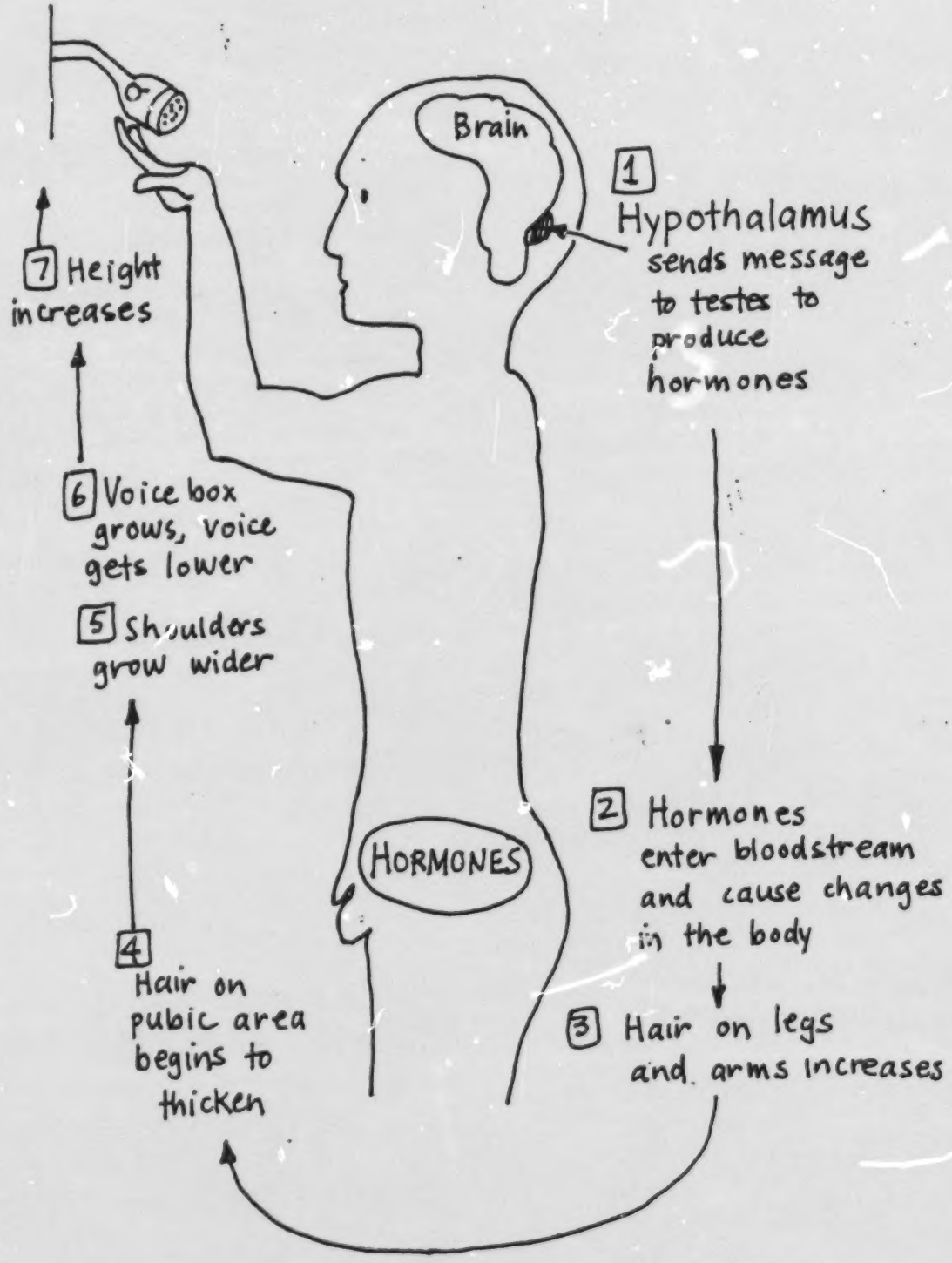
MALE PUBERTY
the role of the hormones


Brain
1 Hypothalamus sends message to testes to produce hormones
2 Hormones enter bloodstream and cause changes in the body
3 Hair on legs and arms increases
4 Hair on pubic area begins to thicken
5 Shoulders grow wider
6 Voice box grows, voice gets lower
7 Height increases
HORMONES

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FACTS and MYTHS: the male reproductive system

People have many ideas about the male reproductive system. Some of these ideas are true. Some of them are myths -- things that people think are true but are false. Mark a "T" if you think the sentence is true, mark an "F" if you think it is false.

_____ 1. If a boy has an erection it means he must be thinking about sex.

_____ 2. A boy can ejaculate and urinate at the same time.

_____ 3. The male reproductive system is the same in all different kinds of men -- fat, rich, gay, athletic, sexy, blind.

_____ 4. The urethra's job is to carry semen or urine out through the penis.

_____ 5. If a boy ejaculates a lot, he will use up all his sperm.

_____ 6. The scrotum helps keep the sperm at the right temperature.

_____ 7. It is unhealthy for a boy to have an erection but not ejaculate.

_____ 8. Erections occur in male babies.

_____ 9. Sperm is made in the testes.

_____ 10. Semen are men who work on ships.

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Rate the Worry

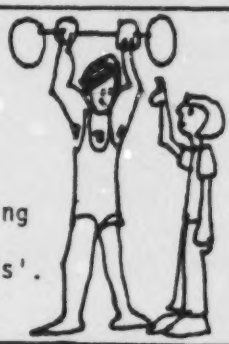
What do teenagers think about? Everyone can tell when their body is changing and most people worry about being normal. Use this sheet to think about what worries you most.

Directions: Mark a "1" in the box of the thing that you think about most, then a "2" for your second worry, then on until "8". Compare your answers with other kids in your group.

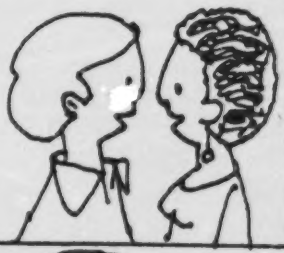
☐ It bothers me to be shorter than other kids.

☐ I'm worried about having oily hair and skin (pimples).

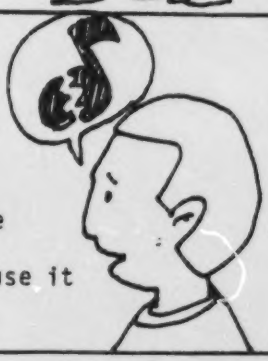
☐ I wonder whether my body is changing like other kids'.



☐ Growing (or not growing) pubic hair bothers me.



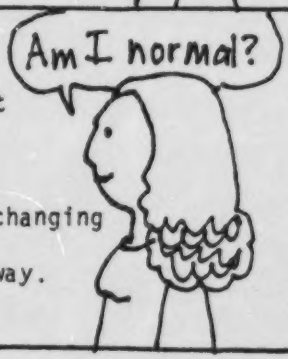
☐ I'm embarassed when my voice cracks, because it is changing.



☐ It's embarrasing to get an erection when I'm with other people.

☐ The size of my penis is something I worry about.

☐ I worry about whether I am growing and changing in a normal way.



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Homework

Male Puberty II

name: _____

1. What are the chemicals called that cause the body to change?

   _____

2. List <u>five</u> changes that take place when a boy reaches puberty.

   1. _____
   2. _____
   3. _____
   4. _____
   5. _____

3. What do you think is something most boys worry about when they're about 14 years old?

   _____

   _____

   _____

lesson: Female Puberty - Part II

goals:

1. To correct misunderstandings concerning menstruation
2. To review reproductive anatomy

activities:

1. Question Box
2. Menstruation:
   - Description of Cycle: physiological/chronological
   - Protection
3. Myths of Menstruation
4. Myth or Fact?
5. Quotes from Teens
6. Class Evaluation

materials:

included:

Description of cycle
Myths of Menstruation
Myth or Fact?
Quotes

other:

Question Box
Calendar for any random month
Boxes of Sanitary products (tampons, pads)
Dictionary

references:

Bell. Changing Bodies, Changing Lives, pp. 29-39.
Kelly. Learning About Sex, pp. 26-29.
McCoy, Wibblesman. The Teenage Body Book, pp. 19-29.

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ACTIVITY I: Question Box

Answer questions in the question box.

ACTIVITY II: Menstruation

A. With the large anatomy charts, explain, describe and chart the process of menstruation -- teacher introduction --

Description of physiological process:

1. when ovaries start releasing eggs (on cue from the hypothalamus and hormones) it means the woman's body is now ready to produce and nurture a baby.
2. each month - when the egg pops out - the uterus is already getting ready in case that egg is fertilized by a male sperm.
3. then the uterus "gets ready" it develops a bloody, fleshy lining that a baby can grow in.
4. until a person starts having intercourse, the egg cannot be fertilized, so the lining isn't needed.
5. this lining drips out through the cervix and vagina. This is the blood that people call a period.
6. sometimes a girl may have some pain in the uterus, feel a little tired, have more oily skin and tenderness in the breasts, as a result of the body changes due to the cycle.

NOTE: Some of the negative aspects of getting a period, like depression, pain, and low-energy are now considered part of a syndrome called pre-menstrual syndrome. The severity of the symptoms vary widely among women, but PMS is now considered an illness and one that can be treated with medication. Girls and women who feel incapacitated by their symptoms can be helped by seeing a doctor and taking pills.

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B. The cycle - chronological

1. Pass out student worksheets
2. Talk about the concept of a cycle.
   a. Look up the term in the dictionary.
3. Go over diagram as a class. Use a month out of yearly calendar and mark off the days as you review the diagram, so students can see it visually.
4. Teacher Review

   Remind students that during puberty, when menstruation is just beginning, a girl's periods will probably be irregular and erratic - skipping months, or having short/long periods. After a year or two of irregularity (or none at all in many cases), the cycle usually becomes very predictable:

   One egg each month, one lining each month, one period each month. This starts at puberty and lasts until a woman is 45-60 years old. A period usually lasts between 3-8 days. They come every 28 days or so. The period stops if two people have intercourse and a sperm meets with the egg. Then a baby is started and grows in the healthy, blood-filled lining of the uterus.

   Students may have trouble grasping all the information about days and cycles. Urge students to ask for more help inside or outside of class if they need it. Most importantly, students should understand that menstruation is normal, healthy and has a purpose.

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ACTIVITY III - Menstruation: Protection

A. Teacher Introduction. Because it is blood and lining that drips out, something needs to catch it, so the girl's clothing doesn't get soiled. Blood stains clothing.

The two most popular means of catching the blood are sanitary napkins and tampons.

B. Hands-on

1. Show a sample tampon, a sanitary napkin, and a mini-pad, and the boxes they come in.
2. Show where they are placed on large female diagram. Many students worry that the tampon can get lost inside the girl. Show them how tiny the cervical opening is, so losing a tampon is an impossibility.
3. Pass examples of each to students. Put tampon into a jar of water, to show how it expands.
4. Collect the materials. Some groups may enjoy seeing how the napkins and tampons are disposed of.

ACTIVITY IV: Myths of Menstruation

Read the myths aloud to students. (See last page of Notes for Teachers).

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ACTIVITY V: Myth or Fact?

A. Distribute and read aloud.

B. Go over answers as a group.

C. Answer Key - Myth or Fact?

1. F (girls can carry on as usual)
2. T
3. T
4. T
5. F (it is a possibility, though less likely)
6. F (girls should clean themselves everyday while menstruating)
7. F (the cervical opening is too small)
8. T
9. F (a girl can follow her regular routines, unless she has severe PMS symptoms)
10. T

ACTIVITY VI: Quotes from Teens

Read aloud or students can volunteer.

ACTIVITY VII: Evaluate the Class

(see Program Manual)

--If you are planning to quiz the group on the reproductive anatomies, then pass out the homework. Take a few minutes to go over the homework and answer questions. Refer to anatomy lessons for blank diagram practice sheets.

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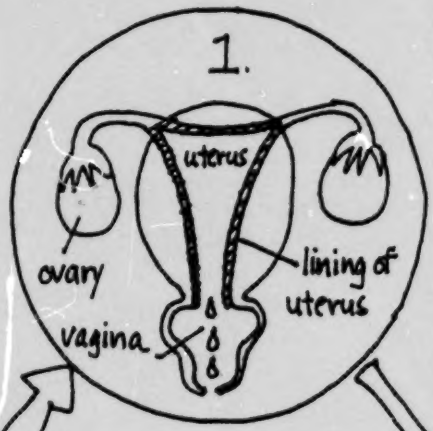
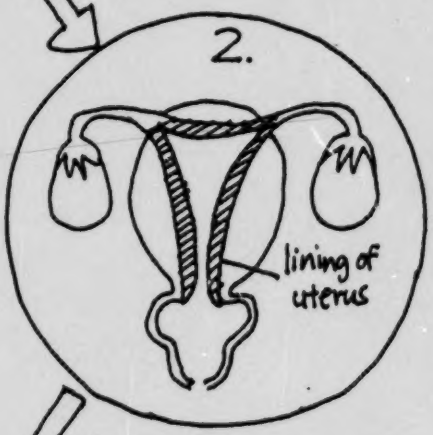
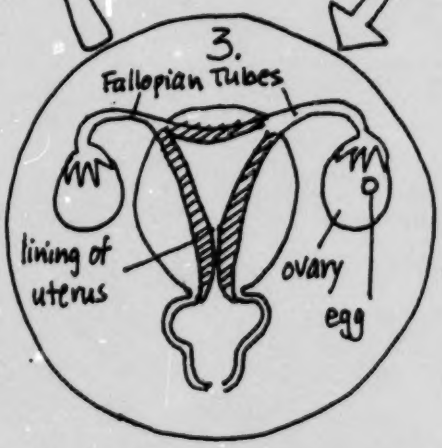
THE MENSTRUAL CYCLE



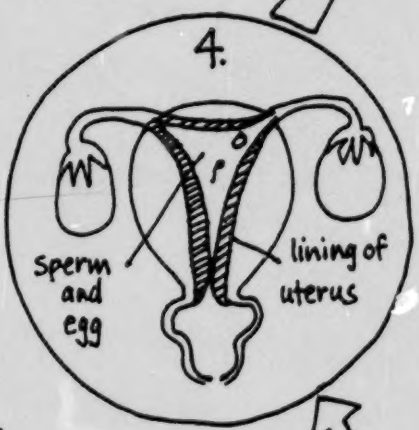
1. The lining of the uterus passes out. This is called menstruation.



2 Then the cycle starts again: the hormones make the lining of the uterus grow thicker. Then it is ready to accept a fertilized egg.



3 A ripe egg leaves the ovary and enters the fallopian tube. Uterus lining grows thicker.



4 Here the egg may or may not meet a sperm cell.

5 If the egg does not meet a sperm, it fertilized. It dissolves and disappears. The lining of the uterus passes out (menstruation).

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The Menstrual Cycle

Days of Cycle	What Happens	How Long
Days 1 - 7	The lining of the uterus passes out as menstruation.	3 - 7 days long
Days 8 - 16	Then the cycle starts again: the hormones tell the lining of the uterus to get thicker. That way it is ready to accept a fertilized egg.	7 - 10 days long
Days 17 - 23	A ripe egg leaves the ovary and enters the fallopian tube. Lining gets thicker.	4 - 8 days long
Days 24 - 30	Here the egg may or may not meet a sperm cell.	4 - 8 days long
Days 1 - 7	If the egg does not meet a sperm and is not fertilized it dissolves and disappears. The lining of the uterus passes out (menstruation).	Cycle begins again.

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"Myths of Menstruation" (for ACTIVITY IV)

Primitive man simply could not understand that month after month women lost blood and neither illness or death followed....Nothing comparable happened to men. Consequently, many supernatural and mysterious qualities were attached to it.

If she was healthy, walking around, working and yet not losing blood, it was natural to hint she had super-natural powers. They believed she could stop hailstorms, whirlwinds, or lightning if she went out into the open unclothed....

Centuries ago, a Roman scientist wrote: If a woman strips herself naked while she is menstruating and walks around a field of wheat, the caterpillar worms, beetles and other vermin will fall off from the ears of corn.

But most tales have it that the influence of the menstruating woman on vegetation and growth is harmful: All plants will turn yellow on the approach of a woman who has the menstrual discharge upon her. The glance of a menstruous woman takes the polish out of a mirror and the next person looking into it will be bewitched...

There are places even today where a menstruating woman is forbidden to participate in religious activities. For example, women of the Russian Orthodox Church are forbidden to attend church, for if a drop of the menstrual flow should fall on the floor or ground, the place would become impure.

The Indians of Bolivia believed that menstruation was cuased by the bite of a serpent or snake. After a woman's first menstrual period the Indians held a ritualistic ceremony. In a trancelike state they beat on all household objects to kill the snake which had harmed the girl.

Among some peoples, menstruation is a shameful thing, to be concealed at all costs, in others, it is open and a matter of common knowledge...In some

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"Myths of Menstruation" (cont.)

parts of rural United States today, a menstruating woman must not touch cut flowers, else they will wilt; if she touches pickled meat, jelly or pickles, they will be spoiled.

Certain French women carried red flowers during their period, some Italian women wore a red kerchief on their heads while menstruating. And today, among people of the Lower Congo, Africa, a woman, during menstruation, may not cook her husband's food nor another man's; neither touch anything belonging to men, and must not return the everyday greetings of any man. If she has to pass near some men who are likely to say "Good morning" or "Good evening" she will deliberately put her pipe in her mouth as a sign that she cannot answer as she is unclean.

The myths carry over: a girl, of fifteen, in a New York City high school in 1946, refused to carry the flag in the color guard at an assembly. Upon questioning, it was learned the girl was menstruating and thought she would harm the flag if she touched it.

Some say that because of the changed condition of the body the fingernails are said to be brittle and tend to split. Another piece of nonsense is that if a tooth is filled at this time, the fillings won't set properly or stay in the cavity."

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MYTHS AND FACTS ABOUT MENSTRUATION

Directions: A myth is a story, it is mostly FALSE.

A fact is TRUE.

Please write true (T) of false (F) for each sentence below.

(When we write "girls", it could also mean "women".)

1. Girls should not swim if they are menstruating. ____
2. Most girls' periods come about every 28 days. ____
3. Almost all women - fat, rich, gay, athletic, sexy, blind - menstruate. ____
4. Tampons and sanitary napkins are the most common ways to control the flow of menstrual blood. ____
5. Girls can not get pregnant during menstruation. ____
6. Baths and showers are bad for a girl while she is menstruating. ____
7. Tampons can get lost inside a girl. ____
8. Menstruation is a sign that a girl's body could have a baby. ____
9. A girl should not go to school when she has her period. ____
10. Most girls start to menstruate between the ages of 9-16. ____

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"QUOTES"

Two girls talk about waiting for their first period:

Lisa (eleven): I'm glad I haven't gotten my period yet. I'm still a kid. No way do I want to worry about that every month.

Toni (sixteen): I wish I would get it already. Just about everyone I know has it and I feel like a freak not having it yet. Like friends come up to me and say, "Oh, do you have a Tampax I could borrow?" and then they'll say, "Oh, sorry, I forgot you don't have it yet."

When your period comes for the first time, it can be a big event. Sally, a twelve-year-old from Buffalo, described her first time:

The whole week-end I had this terrible stomachache, but I just thought it was a stomachache. Then on Saturday night while I was in the bathroom, I saw this brownish stuff in my pants and I thought, No, it couldn't be...because it was brown and I thought a period was red. So I didn't put a sanitary napkin on or anything. Then in the morning I had this big mess in my pajamas and that's when I knew for sure. I was really excited. I was sort of waiting for it to come, because I have an older sister who got her period around her twelfth birthday.

Crystal: I didn't know what was happening. I had these cramps and a headache, so I went to the bathroom, but it wasn't like I had the flu or anything. I didn't know what I had. When I got up from the toilet I noticed this blood in there and then I saw some blood on my thigh,

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"QUOTES" (cont.)

so I started to scream. I thought I was bleeding to death. Nobody told me about periods, nobody told me about anything. I was in the fifth grade and I still thought babies grew in your stomach and came out your bellybutton. I can't believe how scared I was.

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Taken from Changing Bodies, Changing Lives by Ruth Bell et al.

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Homework

Female Puberty - Part II Quiz Review for Anatomy

name: _____

1. The homework is: to study for the quiz.

2. You will need to know:

   a. <u>For the male</u> - all about

      the penis - where it is, what it does

      the testicles - where they are, what they do

      the scrotum - where it is

      the urethra - where it is, what it does

   b. <u>For the female</u> - all about

      the clitoris - what its job is

      the urethra - what it does

      the vagina - where it is, what it does

      the cervix - where it is

      the uterus - its job

      fallopian tubes - their jobs

      ovaries - their jobs

3. Use the sheets to study and practice filling in the blanks.

A teacher will help students study at these times:

MAKE SURE TO ASK FOR HELP!

lesson:

Reproductive Anatomy Quiz, and Introduction to Masturbation

goals:

1. For students to come through a testing situation with a sense of achievement and accomplishment.
2. To help teacher to plan remainder of module by assessment of students' knowledge about the anatomies.

activities:

1. Question Box
2. Reproductive Anatomy Quiz
3. Introduction to Masturbation
4. Class Evaluation

materials:

included:

Quiz

Masturbation worksheets

other:

Question Box

Dictionary

references:

Bell. Changing Bodies, Changing Lives, pp. 75-83.

Comfort, A. & J. The Facts of Love, pp. 48-50.

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ACTIVITY I: Question Box

Answer questions in the question box.

ACTIVITY II: Reproductive Anatomy Quiz

A. Teacher introduction. Some students are anxious in testing situations. Introduce the quiz in as non-threatening manner as possible. Remind students why they must know the anatomical information before they move on to other topic areas:

1. good discussion of other issues will depend on their ability to use vocabulary properly.
2. understanding anatomy is an important part of self-care skills.
3. if students need help it will be helpful to know names and "adult" vocabulary.

It is also possible to arrange special sessions for students who find it impossible to test in a group.

Remember, the goals are:

a. a successful experience for students who are new to the area of human sexuality education.
b. gathering useful data about the students' recall of specific, important information.
c. an additional opportunity to review basic facts and concepts.

B. Fill-in sheets

1. Pass out fill-in sheet.
2. Read each sentence aloud twice.
3. Allow students enough time to complete the sheets
4. Collect fill-in sheets

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C. Labelling

1. Pass out sheets
2. Give clear directions - only use the words at the bottom of the sheet.
3. Collect labelling sheets

Take a 5-minute break.

Options:

D. Go over quiz as a class

1. Students correct own.
2. Students answer verbally, or

E. Review

1. Is there anything students would like to get back to that's already been covered?
2. Do mid-module evaluation.

This evaluation period can serve the same purpose that the class evaluations do. Use the class evaluation rating scale to determine students' feelings about the course thus far. Ask for suggestions and ideas to improve the classes.

ACTIVITY III: Introduction to Masturbation

A. Introduction to masturbation

1. Who remembers what "Am I Normal?" said and showed about masturbation?
2. What were some of the myths and facts presented in the film?
3. Why didn't "Dear Diary" discuss masturbation?
4. Look up "masturbation" in the dictionary.

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5. Myths and facts (do here or in next lesson):

   a. teacher reads aloud

   b. students answer orally or by writing

   c. go over the sheet

Myths and Facts Answer Key:

1. F
2. T
3. T
4. F (unless it is all you do and you feel like you're doing something wrong)
5. F (masturbation might help later by making you more familiar with your own body)
6. F (there will be more sperm everyday)
7. F (both heterosexual and homosexual people masturbate)
8. T
9. F (many married people masturbate)
10. F (some people think it is wrong).

ACTIVITY IV: Evaluate the Class

(see Program Manual)

--Note: Order and preview audio-visuals for remainder of module--

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Sex Education Quiz

Name (please) _____

Date _____

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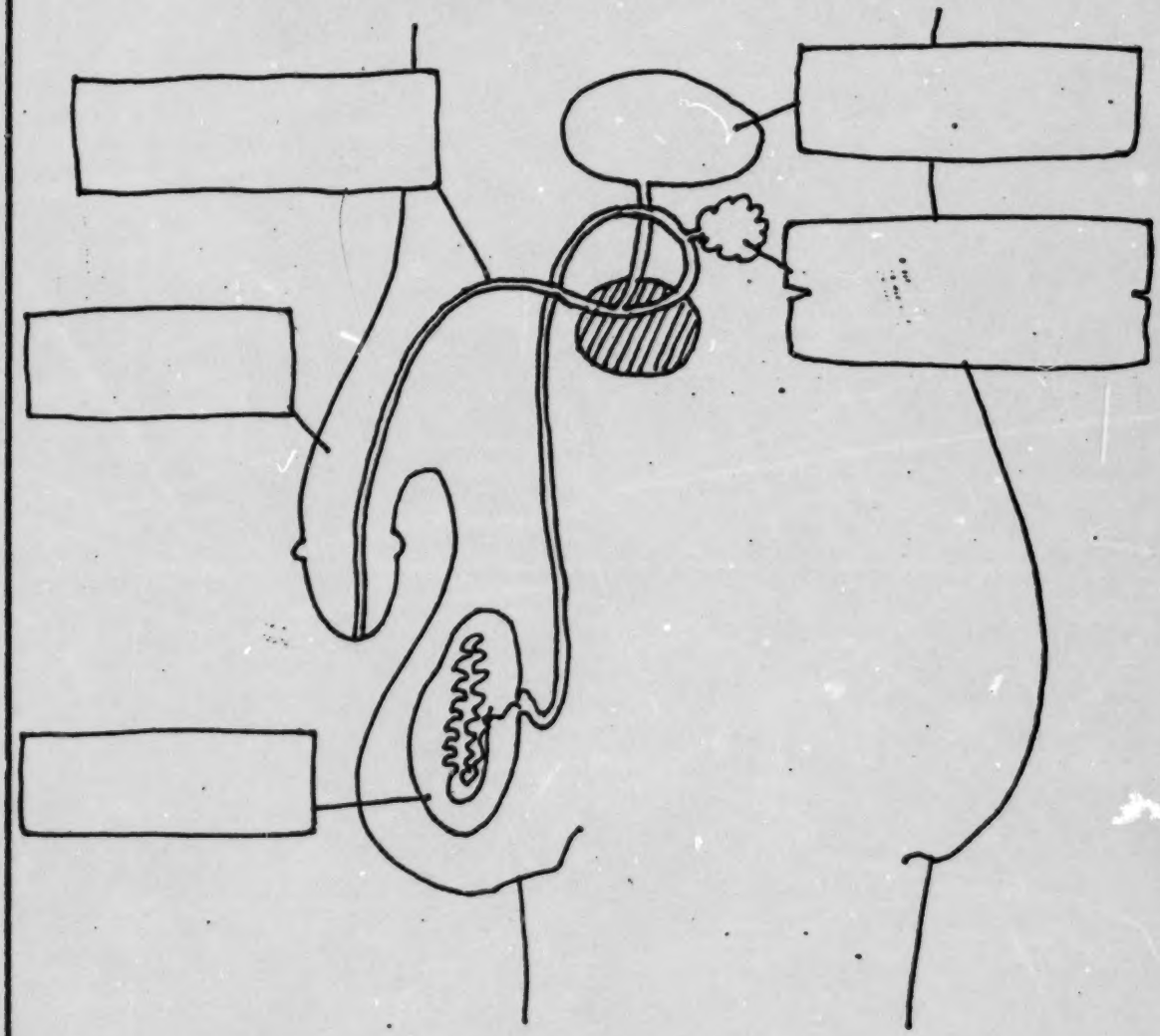
the MALE REPRODUCTIVE SYSTEM

Use these terms to label the parts of the reproductive system

penis testicle
seminal vesicle urethra bladder



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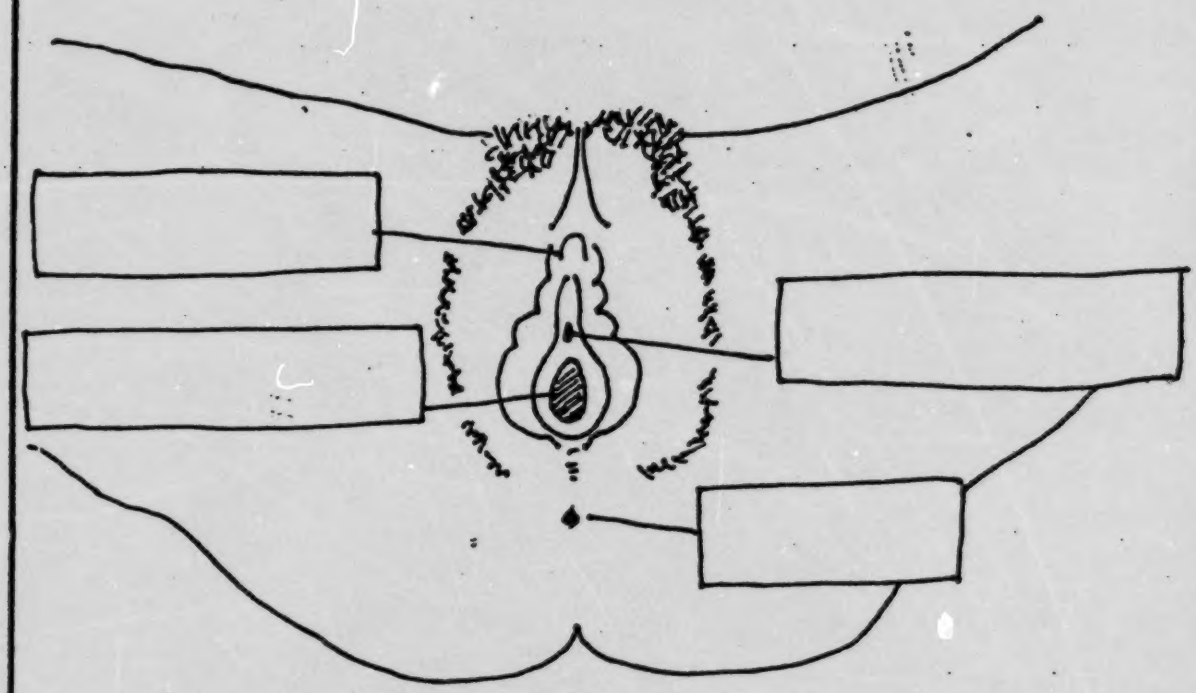
the EXTERNAL PARTS of the FEMALE REPRODUCTIVE SYSTEM

Use these terms to label the parts of the reproductive system

clitoris urethral opening
anus vaginal opening



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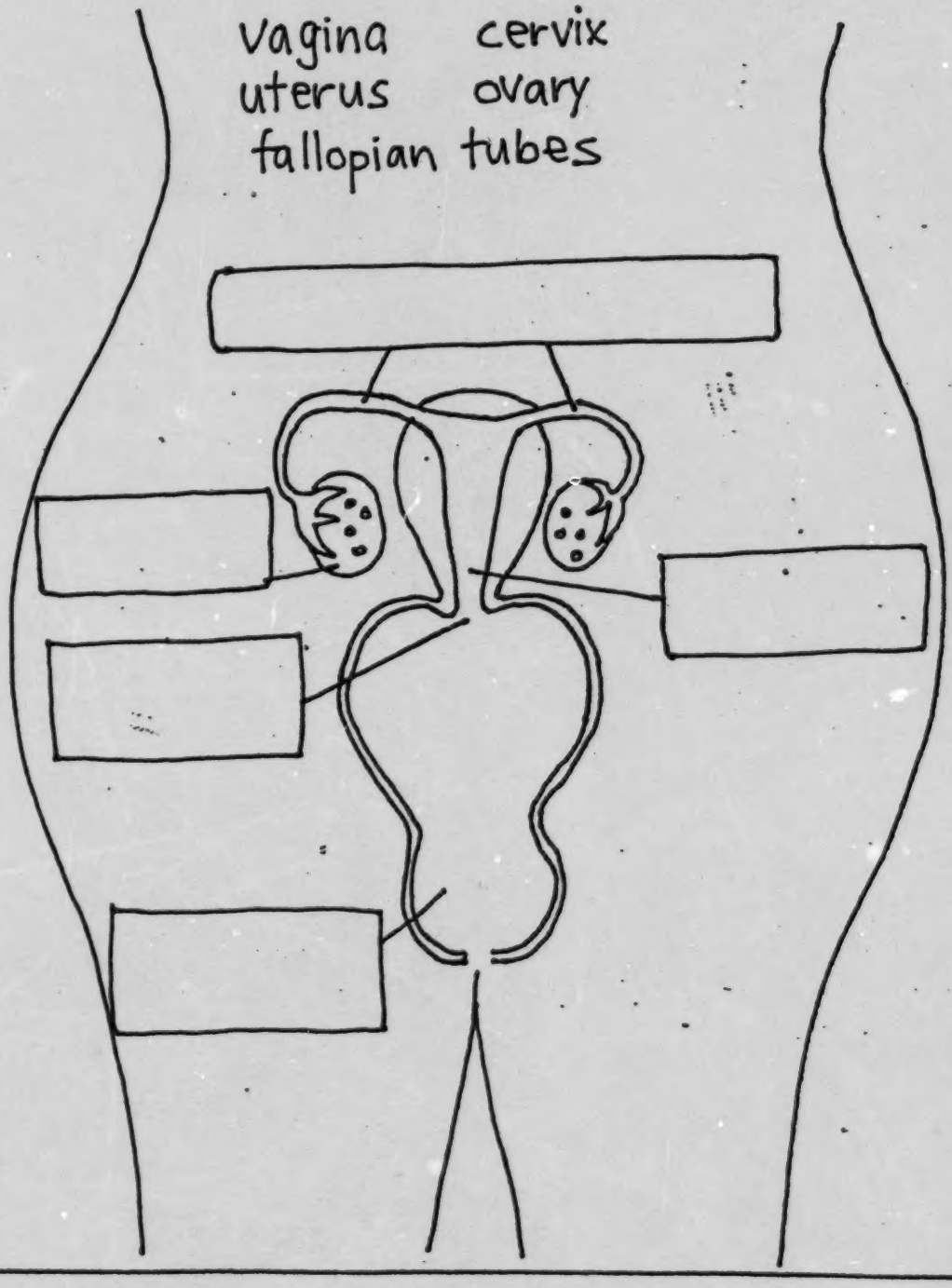
the FEMALE REPRODUCTIVE SYSTEM

Use these terms to label the parts of the reproductive system

vagina cervix
uterus ovary
fallopian tubes



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Directions: Please choose the correct answer for each question.

FILL-INS

1. Sperm is made in the _____.

   a. penis b. testicles c. bladder

2. The pouch with the testes in it behind the penis is called the _____.

   a. sperm b. prostate gland c. scrotum

3. Urine passes out of the girl through the _____.

   a. uterus b. vagina c. urethra

4. When the _____ is gently rubbed, it makes a woman feel good.

   a. urethra b. clitoris c. cervix

5. A man's penis fits into a woman's _____.

   a. uterus b. vagina c. urethra

6. Babies grow inside the woman's _____.

   a. uterus b. ovaries c. vagina

7. The _____ carries semen or urine out of the penis.

   a. erection b. urethra c. bladder

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Sex Education Quiz/2

8. A woman's eggs are stored in the _____.

   a. vagina b. fallopian tubes c. ovaries

9. The white liquid that carries the sperm is called _____.

   a. urine b. semen c. urethra

10. When a woman uses a tampon during her period, she puts it into her _____.

    a. cervix b. uterus c. vagina

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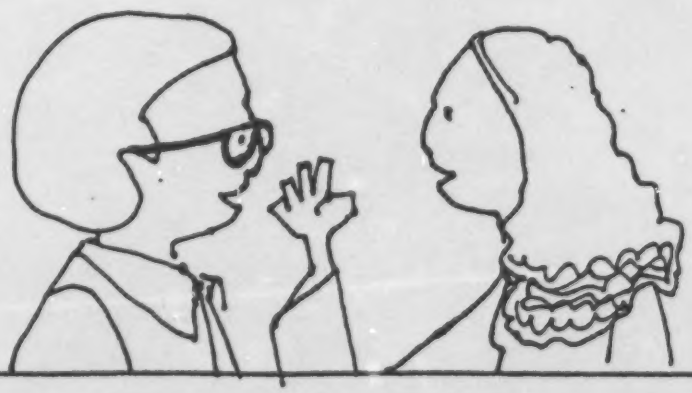
FACTS AND MYTHS ABOUT MASTURBATION

Directions: Please write F if you think the statement is a FACT, and M if you think the statement is a MYTH.

1. Masturbation causes pimples. _____
2. Many people who are teenagers masturbate. _____
3. All kinds of people (male, female, gay, rich, deaf) masturbate. _____
4. If you masturbate too much you can go crazy. _____
5. If you don't masturbate, you won't know how to have sex later. _____
6. If a man masturbates too much, he will use up his sperm. _____
7. If a woman masturbates it means she is gay. _____
8. Most girls rub their clitoris when they masturbate. _____
9. People don't masturbate after they are married. _____
10. Everyone thinks that masturbation is all right. _____



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lesson: Masturbation

goals:

1. To review facts and misunderstandings about masturbation.
2. To open up discussion about values issues related to masturbation.

activities:

1. Question Box
2. Introduction to Masturbation
3. Slang Words Exercise
4. Myth or Fact?
5. "Dear Lee" Letters
6. Class Evaluation

materials:

included:

Introduction

Myth or Fact?

Letters

other:

Question Box

Dictionary

references:

Bell, Changing Bodies, Changing Lives, pp. 75-83.
Comfort, The Facts of Love, pp. 48-50.
Kelly, Learning About Sex, pp 47-56.
McCoy, Wibbelsman, The Teenage Body Book, pp. 149-150.

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Notes for Teachers

LESSON: Masturbation

This lesson signals a shift in the curriculum. We move off of anatomy and physiology onto more values-type issues.

The "values" lessons tend to be more difficult to teach as there is usually no right answer to fall back on.

We urge instructors to be aware of their own feelings/biases/prejudices as they relate to the upcoming topic areas.

* * * * * * * * * * * * * * *

ACTIVITY I: Question Box

Answer questions in the box.

ACTIVITY II: Introduction to Masturbation

Introduction: As people's sexual feelings grow stronger during puberty, people deal with them in different ways. Some teens explore their sexuality with other people in dating or friendship relationships; some people ignore their sexual feelings. Others choose masturbation as a way to deal with sexual urges and feel good. Many people masturbate.

Masturbation means touching or rubbing the penis or clitoris to give yourself sexual pleasure. Many people, adults and children, choose to masturbate. Lots of people think sexual thoughts when they masturbate.

Review "Am I Normal?" and "Dear Diary" (if shown). What did the movies say and show about masturbation? What were some of the myths and facts presented?

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Notes for Teachers

ACTIVITY III: Slang Words Exercise

A. Do brainstorm exercise. What slang words does the group know for "masturbation?"

B. Look up "masturbation" in the dictionary.

ACTIVITY IV: Myth or Fact? (unless done in previous lesson)

A. Pass out worksheet.

B. Read each sentence aloud.

C. When students are finished, discuss their answers. (For answer key, see previous lesson)

If it seems appropriate, wrap-up and review the information thus far. For example:

1. Masturbation is common even though many people say that it is wrong. If you do masturbate, you're normal, if you don't, you're normal.

2. Masturbating is a personal decision. If you feel uncomfortable about masturbating, it is probably better not to do it. Some people choose to, some do not.

3. Masturbation will not hurt your body.

4. Masturbation is one way to feel good, relax and deal with sexual feelings without involving other people.

5. Masturbation is usually done in private, never in public. It is a private act, mostly for two reasons: you don't want to be disturbed and it freaks people out.

6. Sometimes good friends or groups of friends choose to touch each other in a sexual way. This is also a private decision between those people. Many boys and girls play "doctor" as children. As teens, they may masturbate each other, or masturbate themselves in a group. As grown-ups, masturbation is sometimes part of love-making. Three reasons for why teens might masturbate with friends are: curiosity, feeling close, feeling good.

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ACTIVITY V: "Dear Lee" Letters

Students may prefer to make up their own letters. If not, some are provided for the activity.

Options:

A. Pass out "Dear Lee" sheet to whole group.

1. Read each letter aloud.
2. Discuss an answer to each letter

B. Ask students to choose one letter and answer in a written form as if they were Lee. Read responses aloud to group.

C. Divide into groups of 2 or 3. Have them work on one letter each. Make certain the students can state their reasons for responding as they did.

ACTIVITY VI: Evaluate the Class

(see Program Manual)

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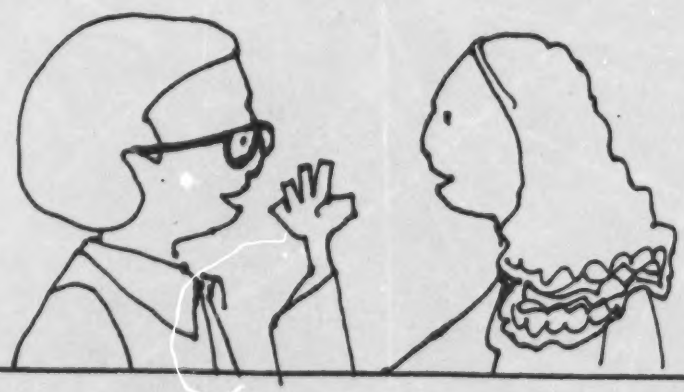
FACTS AND MYTHS ABOUT MASTURBATION

Directions: Please write F if you think the statement is a FACT, and M if you think the statement is a MYTH.

1. Masturbation causes pimples. _____
2. Many people who are teenagers masturbate. _____
3. All kinds of people (male, female, gay, rich, deaf) masturbate. _____
4. If you masturbate too much you can go crazy. _____
5. If you don't masturbate, you won't know how to have sex later. _____
6. If a man masturbates too much, he will use up his sperm. _____
7. If a woman masturbates it means she is gay. _____
8. Most girls rub their clitoris when they masturbate. _____
9. People don't masturbate after they are married. _____
10. Everyone thinks that masturbation is all right. _____



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HERE ARE SOME LETTERS THAT COULD BE IN A NEWSPAPER. THEY COULD HAVE BEEN WRITTEN BY TEENAGERS WHO HAVE QUESTIONS ABOUT SEX.

Think about what people have said is right and wrong about masturbation. Decide what the teenagers should do.

1. Dear Lee:

I am thirteen years old and I'm worried! I hear my parents talk a lot about teenagers getting pregnant and things like that. Now all of a sudden I am starting to have weird feelings. The other night I had a wet dream. What worries me is this: does this mean I will start to want to masturbate or get involved with girls? Will I get in trouble if I masturbate and someone catches me?

Scared Sol

2. Dear Lee:

I have a friend who thinks it is cool to masturbate. She is older than me. She is 18. I never heard of that before with a girl! But my parents say kids who do that are wrong. They would never let me hang with her if they knew. But I like her a lot. I'm really confused. Who is right: my parents or my friend?

Mixed Up Marcia

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3. Dear Lee:

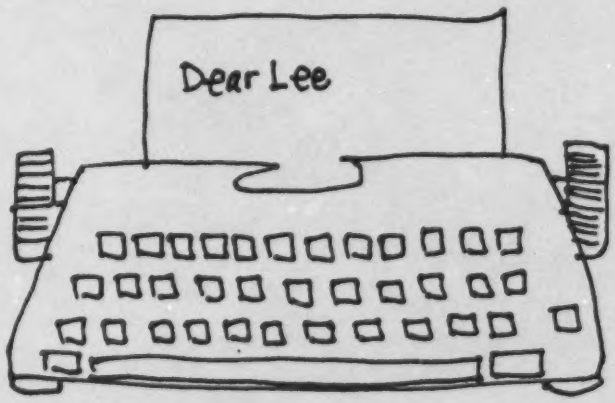
My friends were talking last week. They were making fun of some guy who they said was "jerking off" all the time. I'm worried because sometimes I do that too. Do you think it is right or wrong? How can I find out? Who should I ask?

Curious George

4. Dear Lee:

When we were little kids, we played doctor a lot. Just this past summer at camp some of the kids wanted to do it again, so I did. My brother tells me that he and his friends sometimes masturbate each other. I liked fooling around with my girlfriends at camp and my brother seems okay about it, so why do I feel like I'm not supposed to like it?

Uncertain Ursula



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lesson:

Changing Selves

goals:

1. To introduce the topic of emotional change in puberty.
2. To think about the changing self.

activities:

1. Question Box
2. Reflection Exercise
3. Changing Selves; Then...Now
4. Brainstorm
5. Class Evaluation

materials:

included:

All

other:

Question Box

references:

Bell, R. Changing Bodies, Changing Lives, Chapter II.

McCoy, Wibblesman. The Teenage Body Book, Chapter IV.

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Notes for Teachers

Activity 1: Question Box

Answer questions in the question box.

Teacher Introduction: Everybody is always changing. Adolescence is a time for major changes. We've learned about physical changes in people's bodies. Now we're going to begin thinking and talking about changes in feelings, interests and ideas. The first thing we'll do is to figure out some ways in which we have changed.

Activity 2: Reflection Exercise

1. Ask students to close their eyes or put their heads down.
2. Ask them a list of reflective questions, that will help them to get an historical sense of themselves, and see themselves as changing people in an on-going, dynamic way. Some questions may include:

   a. Try to picture yourself when you were in 3rd grade. Can you see yourself in front of the mirror or somewhere else? What did you look like?
   b. Can you see yourself in school?
   c. Picture yourself at recess. What are you doing. Whom are you with?
   d. Now try to see yourself at home. Are you with your family?
   e. Can you see yourself there?

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Activity 3: Changing Selves; Then...Now

1. Pass out student hand-out "then" sheet.
2. Explain directions; emphasize the attempt to recollect; being certain is not important for this exercise. Students need to try to remember.
3. Read each topic. Encourage students to draw next to their responses if they'd like to.
4. Students put "then" sheet away.
5. Pass out "now" sheet.
6. Follow same procedure.
7. Ask students to take out both sheets.

Activity 4: Brainstorm

1. Choose three or four topics you think are most interesting/important/relevant. (For example: Dream Jobs, What is Cool, Favorite School Subject, Bad Habits). Make columns on the board for each.
2. Ask students to call out their responses in each category, for then and for now.
3. From these lists, develop a list of changes that seemed most universal to the group.

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(4. Brainstorm -- cont.)

4. Brainstorm a list of Teenagers' Changes
5. Summarize by stating some of the reasons that underlie the changes. For example:
   a. As they get older they desire more independence and don't need as much support from family.
   b. More years in school opens horizons and results in new interests.
   c. Friends outside of family offer new views on relationships.
   d. More experiences lead to clarification of self's needs, so interests are one's own, not only those of family.

Activity 5: Evaluate the Class

(see Program Manual)

Hand out homework

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CHANGING...THEN and NOW

Directions: Try to remember back to 2nd, 3rd, or 4th grade (when you were about 8 years old). Fill in each section with what you remember. If you can't remember, take a guess. Feel free to draw next to your answer.

"Then"

Likes

A food I liked:

_____

_____

A T.V. show I liked:

_____

_____

My favorite subject in school:

_____

_____

My hero:

_____

_____

Likes

Clothing I liked to wear:

_____

_____

A person I liked:

_____

_____

Something I liked to do:

_____

_____

The best thing about me:

_____

_____

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"Then" (cont.)

Likes

My favorite thing to do on the weekend:

_____

_____

_____

A job I dreamed of having:

_____

_____

What I thought was cool:

_____

_____

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"Then"

Dislikes

A food I disliked:

_____

_____

A job I didn't like to do:

_____

_____

Something I was scared of:

_____

_____

The worst thing about me:

_____

_____

Dislikes

What I didn't like in people:

_____

_____

What I fought with my family about:

_____

_____

A bad habit I had:

_____

_____

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"Now"

Likes

A food I like:

_____

_____

A T.V. show I like:

_____

_____

My favorite subject in school:

_____

_____

My hero:

_____

_____

Clothing I like to wear:

_____

_____

Likes

A person I like:

_____

_____

Something I like to do:

_____

_____

The best thing about me:

_____

_____

My favorite thing to do on the weekend:

_____

_____

A job I dream of having:

_____

_____

What I think is cool:

_____

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"Now"

Dislikes

A food I dislike:

_____

_____

A job I don't like to do:

_____

_____

A bad habit I have:

_____

_____

Something I am scared of:

_____

_____

Dislikes

The worst thing about me:

_____

_____

What I don't like in people:

_____

_____

What I fight with my family about:

_____

_____

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Homework

name: _____

1. List two things you think most teenagers fight about with their parents:

   a. _____

   _____

   b. _____

   _____

2. List 3 things you would look for in a friend:

   I would want a friend to be:

   a. _____

   b. _____

   c. _____

lesson:

Decisions, Decisions

goals:

1. To introduce students to the concept of decision-making as a core component of their lives.

2. To present a formula for thinking about decisions

activities:

1. Question Box
2. Large and Small Decisions
3. Five Steps to Make a Decision
4. Lonnie's Decisions
5. Around My Way
6. Class Evaluation

materials:

included: All

other: Question Box

references:

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Notes for Teachers

LESSON: Decisions, Decisions

This lesson is intended to serve as an introduction to the concept of decision-making. As many of the following lessons deal with difficult decisions, such as whether to be sexually active, dating negotiations, birth control responsibility, etc., the primary case study in this lesson is purposefully less threatening. Students' response to this example of teenage decision-making will depend on their level of social experience. Please be sure to adapt the lesson to your group's needs and ask the students for suggestions of the kind of decisions they feel their peers are faced with.

Activity 1: Question Box

Answer questions in the box.

Introduce the lesson, perhaps this way:

Teacher Introduction: Every day you make decisions. Some of them are small, like which show to watch on TV, or what to wear to school. Other decisions are big and important, like: which job to apply for, whether to obey your parent(s), or if you're ready for sex. Take a minute to think of one small decision and one big decision you have made in the last month.

Activity 2: Large and Small Decisions

A. Ask each student to think of one small and one large decision they have made in the last month.

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(Activity 2: cont.)

B. Make 2 columns on the blackboard to record students' responses. Ask students to come to the board and write down their small decisions in one column, and large decisions in the other. If students would prefer, you can record their decisions.

C. Choose two of the topic areas kids listed to serve as examples for the next exercise.

Activity 3: Five Steps to Make a Decision

A. Distribute "Five Steps to Make a Decision" sheet

B. Point out that all decisions have some things in common: a Decision that Needs Making, Solutions, and Consequences.

C. Use the 5 steps to analyze the two targeted areas selected earlier by calling on students to fill in each step for each decision.

For example, some of the small topic areas might be: food to eat, clothes to wear, shows to watch. Large ones might be: future plans, obeying laws, being honest. A typical dilemma might be "whether or not" to skip schhol, so the exercise would proceed this way:

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Notes for Teachers

LESSON: Decisions, Decisions

1. Q: Name the decision this person needs to make.

   A: To go to school or to skip school.

2. Q: What are two possible solutions to this dilemma?

   A: To go to school, to skip school.

3. Q: What are two consequences of solution #1?

   A: To miss out on a day off; to stay out of trouble.

   Q: What are two consequences of solution #2 for you?

   A: To have a fun day; to get in trouble.

   Q: What are the consequences of solution #1 for others?

   A: Your friends played without you; your parents didn't have to punish you.

   Q: What are the consequences of solution #2 for others?

   A: Your teachers had to turn your name in; your parents got called by the school.

4. Q: What solution do you think is best?

   A: The best decision would be...

5. Q: What do you think of this decision?

   A: Open-ended.

Help students evaluate the merits and problems associated with choosing any of the solutions.

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Activity 4: Lonnie's Decision

A. Distribute, then read, Lonnie's story.

B. Ask students to go through the "5 Steps" to help Lonnie make her decision. This can be done orally as a group activity or individually as a written exercise.

C. Ask students to share their solutions and explain them.

Activity 5: Around My Way

A. Ask students to name the kinds of decisions their peers are dealing with.

B. Perhaps the group will want to share stories about making decisions, going to parties, etc.

Activity 6: Class Evaluation

Evaluate the Class (see Program Manual).

Collect anonymous questions

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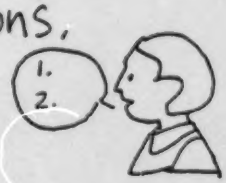
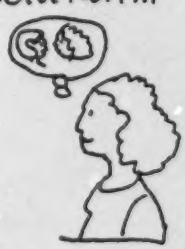
5 STEPS TO MAKE A DECISION

1. Ask: What decision has to be made?

2. List two or more alternative solutions.



3. Think about the consequences of each solution... for yourself and for others



4. Decide on one solution, and try it out.

5. Evaluate your decision, and try again.

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LONNIE'S STORY

Lonnie had been looking forward to this party for weeks. Finally her mother was ready to drive her over. "Oh, I hope Gene is there tonight. Maybe he'll ask me to dance," she thought.

Promptly at 8:30 p.m. her mother dropped her off. "I'll be home all night, honey. Make sure to give me a call if there are any problems." "Have a nice time" her mother remembered to say as she drove away.

As Lonnie went into the party she noticed that some people were already dancing on the dark side of the room. There were a few couples sitting close together on the couch laughing at something she couldn't quite hear. One guy was drinking a beer.

"Hi, Lonnie, glad you could make it."

"Oh hi, Joe, you sure have a nice place for a party. But won't your Mom mind if she comes in and sees how low the lights are?"

"Oh, no need to worry! My parents are out tonight. See you. Have fun."

At that point Lonnie remembered stories she had heard from other kids about what happens at parties when there are no adults around. She heard her mother's voice: "Give me a call if there are any problems." "Oh boy, what do I do now? Maybe I should call Mom and leave before there is any trouble."

"Gee Lonnie, you sure look pretty tonight."

"Oh, Gene, hi, you startled me."

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(LONNIE'S STORY -- cont.)

"Well, you go back to your dreams. I'm going to say hi to a few of the guys. Maybe we could dance later, or go for a walk or something."

Lonnie thinks to herself, "Oh boy, now what should I do? Gene wants to dance with me, but Mom would be mad if she found out Joe's parents aren't home." Lonnie wanted to see Gene, but now she was worried about what might happen at the party.

Lonnie needs help making her decision. See if you can come up with a solution by following the five steps.

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lesson:

Changing Relationships - Parents

goals:

To give students an opportunity to think about typical areas of conflict with parents and alternative methods for resolution of conflict.

activities:

1. Question Box
2. Group Census
3. Five Steps to Make a Decision
4. Parent and Teen Quotes
5. Case Studies/Role Plays
6. Class Evaluation

materials:

included:

All

other:

Question Box

references:

Bell, Ruth. Changing Bodies, Changing Lives, pp. 41-56.

McCoy, Wibblesman. The Teenage Body Book, pp. 55-57.

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Notes for Teachers

LESSON: Changing Relationships - Parents

Activity 1: Question Box

Answer the questions in the box.

Note: Try to introduce this lesson by reminding students that their interests and behaviors change during adolescence. These changes give messages to other people and other people are affected by the new behaviors.

One of the first relationships to change during the teenage years is the one between self and parent(s). For example: ask students to think about how they got along with their parents when they were eight years old. Has anything changed in their interaction? When kids are eight years old parents and family are a main focus. Now: friends and own interests generally predominate over family.

Issues of conflict: Change often creates conflict. Change is rarely smooth. For example: when a train changes tracks, it is a jolting, difficult move.

As kids grow up they become more independent (freedom, making own choices, etc.) and show that they want to be different from their parents. It is hard for parents and kids to know how much freedom and independence to allow and encourage at what age. Teenagers need to think about how their changes may cause conflict with parents and develop some strategies to deal with conflict.

Activity 2: Group Census

A. Make 2 columns on the board. Label one "Teen", the other "Parent". Ask class:

What do you think is the right age to:

1. Go out with a group of friends at night?
2. Go out on a date with one other person?
3. Get a job?
4. Choose a bedtime?
5. Be allowed to get married?

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C. Record their responses on the board.

D. Ask the same questions but direct students to answer from a parent's perspective. What would your parents say is the right age to: (use questions in "B.")

E. Record these responses next to the others.

F. Ask students to compare the responses of the two perspectives. Are they different? Why? What are needs of the two groups?

Some issues might include:

Parents	Teens
Keep child safe	Want to try new things
Go slowly with changes	Do everything all at once
Scared of others' influences	Break away from family values

Activity 3: Five Steps to Make A Decision

A. Please choose one of the case studies found on a student sheet. Do this before class.

B. Pass out student hand-out, 5-Steps to Make a Decision.

C. Read aloud the situation you chose.

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(Activity 3: cont.)

D. Options:

1. Students go through 5 steps orally, as a group. While teacher records on board, or
2. Students apply 5-step model in a written mode, individually.

The easiest way to use the 5-step model with a large group is to use individual student hand-outs as references and write each step on the board as the students decide.

For example:

Step 1. Decide what decision has to be made.

Step 2. a. One possible solution. b. Another possible solution.

Step 3. a. 1. Consequence b. 1. Consequence

2. Consequence 2. Consequence

Step 4. What is the decision?

Step 5. Evaluate the decision; how did the solution work?

Activity 4: Parent and Teen Quotes

The quotes are on a student sheet. You may choose not to distribute them, but rather, read them aloud to the group.

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Activity 5: Case Studies/Role Plays

A. Pass out sheet with case studies/role plays.

B. Read the six cases aloud.

C. Options:

1. Divide class into small groups. Each group works on one role play, then presents it to large group.

2. Class selects one case at a time. Students volunteer to play each role. Class watches, then comments on, decisions presented in each role play. Draw the groups' attention to the negotiation strategies used by each case character.

Activity 6: Class Evalution

Evaluate the Class. (See Program Manual)

Collect anonymous questions.

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5 STEPS TO MAKE A DECISION

1. Ask: What decision has to be made?

2. List two or more alternative solutions,

3. Think about the consequences of each solution... for yourself and for others

4. Decide on one solution, and try it out.

5. Evaluate your decision, and try again.

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Parent and Teen "Quotes"

Elizabeth said:

"One minute my mother treats me like I'm old enough to do this, this and this--like help her out at home by doing the marketing or making dinner or babysitting for my brother. And she's always telling me, "You're thirteen years old now, you should know better than that!" But then the next minute, when there's something I really want to do, like there's a party that everyone's going to, she'll say, 'You're too young to do that.'"

"Is it normal for a person my age (14) to have mixed feelings about her parents? One minute I'll think they're terrific. The next, I can't stand them. They do things like come up from downstairs and tell me I left my coat down there. They couldn't bring it up for me, of course! But they can come to my room and tell me. They drive me crazy!!!"

Lost and Alone

"I have a teenaged son, 15. During an argument over curfew the other day, he said, "I hate you, Mom!" Five minutes later, he came back with tears in his eyes and said he didn't mean it. I tried to tell him that it's OK t. feel hate at times for the people you love. I'm not sure he really believed me. I do know that I have suffered greatly because no one ever told me when I was young that I could dislike or even hate my mother at times and so the furies were buried, only to engulf me in later life. I think this whole love-hate thing is so important for kids to know about--and feel OK about."

A Loving Mom

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Quotes reprinted with permission from Simon and Schuster. Taken from The Teenage Body Book.

Case Studies/Role Plays

1. A teen wants to stay out past the 8:00 p.m. curfew. S/he feels s/he is old enough to decide when to come in. The parent(s) disagrees.

2. The parent(s) want their kid, age 14, to get off the phone. When s/he does, the parent is angry, saying, "You're always on the phone!" What should the parent and teen do?

3. The teen's bedtime is 10:00 p.m. S/he wants to be allowed to go to bed whenever they want to. Parent(s) need to be convinced.

4. The parent(s) tell their child that the pants they wear are too tight. It looks bad, and is bad for the body. The teen wants to wear whatever s/he wants to.

5. The teen wants to go out before finishing the dishes. The parent tells him/her that the friend the teen is meeting is no good, so the teen can't go out. The teen says s/he should be able to be friends with whomever they like.

6. The teen isn't hungry at dinner time because s/he has been snacking on candy and chips all afternoon. The parent(s) says that they are cutting down the teen's allowance so s/he "won't have as much money to spend on junk food".

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Adolescent Development and Sexuality

lesson:

Changing Relationships - Friendship

goals:

Students will see friendship as something requiring reflection and choice.

activities:

1. Question Box
2. "Choosing a Friend"
3. Brainstorm
4. Rating - "What's Important?"
5. "Friends...What's it all About?"
6. Friendship...Dating; What's the Difference?
7. Class Evaluation

materials: included:

All

other:

Question Box

Possible filmstrips from Guidance Associates

references:

Bell, Ruth. Changing Bodies, Changing Lives, pp. 57-66.

DeSpelder and Strickland. Family Life Education, Resources for the Classroom, pp. 121-136.

Selman, Robert. The Growth of Interpersonal Understanding.

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Notes for Teachers

LESSON: Friendship

Activity 1: Question Box

Answer questions in the box.

Note: The purpose of this lesson is to help students begin to see friendship as less of a given and more as something worthy of reflection and decisions. Also, many students have fewer friends than they would like. It is our hope that the discussions will clarify some of the issues faced by people dealing with friendships.

You may choose to introduce this lesson in the following way:

We've been talking about changing. As we change, our relationships change. Ask students to state something they learned or thought about as a result of the lesson on changing relationships with parents. Today we will talk about another kind of relationship that changes as we grow up...friendship. Ask students to name one way that friendship has changed for them in the last 2-3 years. Do this quickly, in an around-the-room manner.

Activity 2: Choosing a Friend

1. Pass out worksheet.
2. Read directions.
3. Read categories as students circle their choices.

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Activity 3: Brainstorm or Group Discussion

Discuss or brainstorm some of the following questions:

1. What is easy about making a friend?

   What is hard about making a friend?

2. Why?

3. Do people choose friends? How?

Activity 4: Rating - "What's Important?"

1. Distribute student sheet
2. Read directions, then items aloud to students
3. Tally the group's rating.

   Unless the students would like their responses kept confidential, they might like to see/hear how their peers responded. Write the items on the board and tally the responses or write #1, then list what the students rated as most important. Try to get the students to give reasons for their ratings, especially for MOST and LEAST important.

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Activity 5: Keeping a Friend

1. Pass out worksheet, "Friends...What's it all About?"
2. Read aloud or role-play.
3. Ask group how to resolve the conflict.

Activity 6: Friendship...Dating; What's the Difference?

A. Try to define dating with the group.

As we grow up, our friendships change. Sometimes we feel sexual feelings for another person, other times we want to spend more time with a person we feel special about. Spending extra time with a special person is often called dating.

B. Listing/Brainstorm

1. Generate a list of differences between friendship and dating.

C. Class Poll

1. Ask students what they think of or one thing they think of when you say the word "dating".
2. Do this quickly, in around-the-room style.

Activity 7: Class Evaluation

(Evaluate the class -- see Program Manual).

Hand out Homework

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Name _____

Choosing a Friend -- How Do I Choose?

Directions: Circle the words that are important when you are choosing a friend.

Interests: playing sports, talking, drinking, going to movies, going shopping, cooking, smoking, watching TV, hanging out, biking, camping, reading, driving, skating, parties, school, dancing, bowling

Looks: clean hair, nice clothes, same color skin, same size as me, nice smile, good looking, neat

Kind of Person: funny, shy, friendly, loud, cool, smart, honest, mean, brave, gentle, tough, kind

Age: younger than me, same age, older than me

One of my friend's names is _____.

I have more friends who are: boys girls

A friend is _____.

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What's Important?

Directions: Rate the iems below by deciding which is most important when thinking about who you can be good friends with. Put a "1" next to most important, "2" next to the second most important, and so on, until "8".

_____ sex (male or female)

_____ religion

_____ age (older, younger, the same)

_____ personality (what the person is like)

_____ looks

_____ interests/hobbies (what the person likes to do)

_____ grades in school

_____ how rich or poor they are

Friends...What's it all About?

Directions: Try to figure out what to do with these dilemmas. Role-play or discuss.

1. Ronnie, your best friend, is having a hard time. You and Ronnie make plans to get together Friday night so you can talk over the problems. That week in school a new friend, Chris, asks you to a party. You really want to get to know Chris, but you've made plans with Ronnie. What do you do? How do you handle this?

2. A person who has been a good friend for a couple of years has been giving you a lot of nice gifts lately. They are things you like and need, but you find out that your friend has been stealing a lot of the things. What do you do?

3. One of your friends has been showing a lot of interest in the person you are dating. You're pretty sure that they might go out together sometime. What do you do? What are some feelings you might have?

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Homework

name: _____

Choosing a Date

Directions: Circle the words that are important when choosing a date. (boyfriend or girlfriend)

INTERESTS: playing sports talking drinking

listening to music going shopping smoking

cooking going to the movies hanging out

watching TV camping driving reading

biking skating parties school

dancing bowling

LOOKS: clean hair well-built clear skin

nice clothes same color skin same size

nice smile good looking neat

KIND OF PERSON: funny shy friendly loud

cool smart honest sexy brave

mean gentle tough kind

AGE: younger than me same age older than me

lesson:

Changing Relationships - Dating

goals:

To take another's perspective and begin to distinguish between dating and friendship.

activities:

1. Question Box
2. Choosing a date
3. Picture Activity
4. "Vicky and Lee"
5. Around My Way
6. Class Evaluation

materials: included:

Choosing a Date

Vicky and Lee

other:

Magazines (or pre-cut pictures)

Question Box

references:

Bell, Ruth, Changing Bodies, Changing Lives, pp. 65-66.

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Notes for Teachers

Activity 1: Question Box

Answer questions in box.

Activity 2: Choosing a Date

A. Go over the homework or complete the hand-out in class.

B. Students take out their sheet on "Choosing a Friend" (previous lesson) and compare the two sheets.

Activity 3: Picture Activity

Teacher introduction: It is difficult to distinguish what the difference is between a friendship and a dating relationship. Let's look at some pictures of people together and decide which ones show people who are more than friends and which are pictures of friendship.

Two Options:

1. The first option is for the teacher to have pre-selected pictures of couples (same and opposite sex) and groups of people.
2. The second option is that students are divided into two groups; one for friendship, the other for dating. Each group is assigned to choose and cut out pictures out of magazines that show the relationship they

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(Activity 3: cont.)

represent. Make sure to remind students of same-sex relationships when choosing pictures.

When the pictures are selected (either by the teacher or by the groups of students) the students will have to label each picture as one of friendship or dating, then state why they think each picture represents either a dating or friendship relationship. How can we tell?

Activity 4: Vicky and Lee

This exercise is provided as an open-ended situation with the intent of walking students through a negotiation with another. Try to focus them on the feelings of the other as well as some of the internal concerns of both characters. Urge the students to think of as many options as possible.

Options:

A. This situation can be role-played, talked through or written out.

B. Help students discuss alternative strategies for negotiating relationships.

Activity 5: Around My Way

Ask students to talk about how dating relationships begin around their way.

Activity 6: Class Evaluation

Evaluate the class (see Program Manual).

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Vicky and Lee

Vicky and Lee have been classmates since September. Vicky would like to get to know Lee better.

1. What are some things Vicky can do?

_____

_____

_____

Choose one.

2. How will she do this?

_____

_____

_____

Vicky sees Lee eating lunch by himself. She decides to sit with him.

1. What are some things Vicky can say to get some time with Lee?

_____

_____

_____

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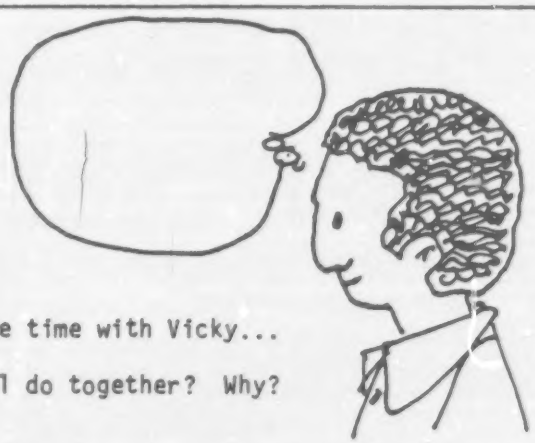
2. What might Vicky be thinking when she is talking to Lee?

3. What are some things Lee might say to Vicky?

4. What might Lee be thinking or feeling while Vicky is talking with him?



If Lee decides to spend some time with Vicky...

1. Who decides what they'll do together? Why?

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If Lee does not want to get together with Vicky...

1. What are some things Vicky might say?

_____

_____

_____

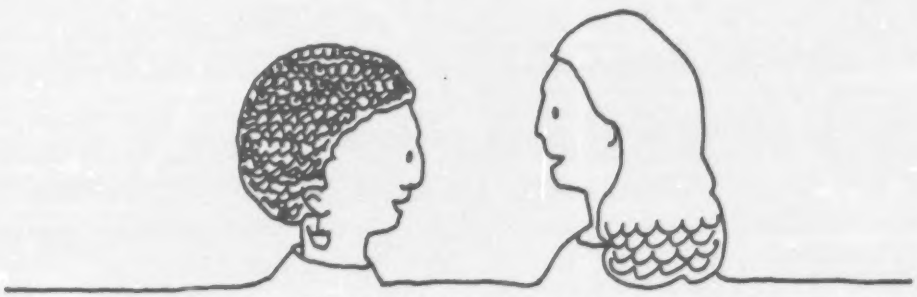
_____

2. What might Vicky be thinking or feeling?

_____

_____

_____



1. If Lee is a female, will Vicky deal with her in a different way?

Yes? No?

Why? _____

_____

_____

2. If someone wants to spend time with someone of the same sex, how do they do it? List five things s/he can do.

a. d.

b. e.

c.

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lesson:

Sex Roles and Stereotypes

goals:

1. To introduce students to the concept of roles and how they are shaped by gender in our society

2. To increase students' awareness of the stereotypes we hold.

activities:

1. Question Box
2. Terms and Introduction
3. The Roles We Play
4. Gender Fill-in; "Shim" Stories
5. Sex-Role Stereotypes - Listing
6. Masculine or Feminine...or Both
7. Role Plays
8. "My Dog is a Plumber"
9. Collage
10. Cultural Differences
11. Class Evaluation

materials:

included:

All, except

other:

Question Box

Magazines, scissors, paper, glue (for collage)

references:

Bell, R. Changing Bodies, Changing Lives, pp. 66-67.
Comfort, A. & J. The Facts of Love, pp. 134-137.
Kelly, G. Learning About Sex, pp. 34-40.

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Notes for Teachers

LESSON: Sex Roles

Activity 1: Question Box

Answer questions that were in the box.

Activity 2: Terms and Introduction

A. Ask: What do you think is a "sex role"?

B. Introduce the topic -- you may want to look up "sex" in the dictionary.

A possible introduction could include: Trying to make sure kids are de-sensitized to the word "sex", then saying: One meaning for the word "sex" refers to whether a person is male or female. One's sex (being male or female) is fixed from birth; we have no choice about whether we are male or female. What we all do have choices about is how we behave as males and females. Does everyone know what the word "behavior" means? For example, even though most people give girls dolls to play with, every girl has a choice about whether she wants to play with dolls or not. Every tall person has a choice about whether they want to spend time playing basketball or not. Our behavior (what we do, how we act) is learned, it is not set from the day we are born. What we do and how we behave is called our role in life. Today we will discuss roles people play and how being a male or female influences those roles.

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Activity 3: The Roles We Play

A. Ask students to take out a piece of paper.

B. Instruct them to list some of the roles that they play in their lives. Suggest a minimum of three and a maximum of ten. (For example: child, son, daughter, student, athlete, artist, dog owner, friend, worker, musician, etc.) One way to get to this point may be to ask: "If you were writing a play about your life, what parts would you need?" Give some examples of your own roles if kids appear confused (teacher, car owner, swimmer, etc.)

The purpose of this exercise is to help students understand what a role is. This should serve as a brief introduction to the remainder of the lesson and can be left relatively open-ended. Some questions that may help the students list their roles are: Who do you live with? What do you do each day? What are your favorite things to do? What roles do you play in school, after school, at night? etc.

The next part of this exercise is to help the students see that their roles are partly determined by their gender.

C. Ask: Are there any of these roles that you might cross off your list if you were of the opposite sex? Take a minute to cross off the roles you wouldn't be if you were of the opposite sex.

D. Poll: Go around the room asking each student <u>if</u> they crossed off any, which ones and <u>why</u>. Try to get one reason from each student.

E. This may lead to some discussion about stereotypes among the students. If it doesn't you may want to help them think about <u>where</u> stereotypes come from.

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(Activity 3: Roles We Play -- cont.)

E. (cont.)

Some ideas: From what our parents do and say (their examples)
From friends
From books and T.V.
From teachers
By watching other peoples' behavior
From relatives
From religion....

Activity 4: Gender Fill-in; "Shim" Stories

Introduction. Explain that you will be reading aloud some stories without names. You want the kids to figure out if the story is about a male or a female. Write "shim" on the board and show how it is a combination of she and him. Read each story aloud (see below). After each story, stop and ask students to vote whether "shim" is male or female. Record their responses on the board. This is just a vote, not a discussion.

Story #1: "Shim" was 5 years old. "Shim" was playing with two friends in the sandbox. They were building tunnels and roads and running their toy cars and trucks over them. One of the kids grabbed "shim's" truck and left the sandbox. "Shim" ran over and grabbed the truck out of the friend's hand. Is "shim" a boy or a girl? How do you know?

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(Activity 4: Gender Fill-in; "Shim" Stories -- cont.)

Story #2: "Shim" is 10 years old. "Shim" is very involved in painting a picture during art class. One of "shim's" frineds comes over and tells "shim" a secret. The secret is that the friend's dog died last night and the friend is very sad today. "Shim" puts an arm around the friend's shoulder and says, "I'd feel badly too." Is "shim" a boy or a girl? How do you know?

Story #3: "Shim is 15 years old. "Shim" has been interested in the same person for a few months. "Shim" decides to ask that person for a date. "Shim" is nervous that the person will turn the date down. Is "shim" a boy or a girl? How did you decide?

Story #4: "Shim" is 20 years old. "Shim" has been going steadily with the same person for a year. "Shim" feels ready for intercourse and arranges some birth control. On the next date, "shim" talks the date into having intercourse. Is "shim" a boy or a girl? How do you know?

B. When all four stories are completed, go around the room asking each student to give a reason for their votes. Try to record the reasons in a list form, for example: "Boys don't tell secrets", "girls don't play with trucks", etc.

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(Activity 4: Gender Fill-in; "Shim" Stories -- cont.)

C. When students make broad generalizations, ask if anyone else can think of an exception to that rule, or you can ask: Because many people act a certain way, does it mean it is the right way?

D. Conclude by stating that all of the students are right because for any of these stories, "shim" could have been male or female.

Activity 5: Sex Role Stereotypes - Listing

Teacher Introduction: A role is the way a person acts in society. Sex role means what society says is the right kind of behavior for males and females. A sex role stereotype is what most people think of when they consider how males as a group, and females as a group behave. A stereotype refers to people in general, not to each individual. For example:

a. Football players are stupid.
b. Women are lousy drivers.
c. Teenagers are troublemakers.

Ask students if they can think of any stereotypes - things people say and think about males as a group, or females as a group.

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Activity 6: Masculine or Feminine...or Both

A. Distribute students worksheet

B. Read directions, then phrases aloud

C. Compare student answers by going around the room and polling students. Tabulate responses.

D. Note: the students may come up with original stereotypes that will re-direct the lesson. Try to vote and discuss theirs as well. Oneway to tabulate the students' responses is:

1.	$\frac{M}{T}$	$\frac{F}{4}$	$\frac{M/F}{2}$
2.	4	2	1

Activity 7: Role Plays

Kids may want to act out some stereotypical behaviors. Take their suggestions or use these:

A. Act out a male and female meeting for the first time. How do they behave? What is the same or different about the way they act?

B. Act out a man who just found out someone he knew died. Next, act out a woman getting the same news. Is it different? Why?

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Activity 8: "My Dog is a Plumber"

Read this aloud to the group:

My Dog is a Plumber
by Dan Greenburg

My dog is a plumber, he must be a boy.
Although I must tell you his favorite toy
Is a little play stove with pans and with pots
Which he really must like, 'cause he plays with it lots.
So perhaps he's a girl, which kind of makes sense,
Since he can't throw a ball and he can't climb a fence.
But neither can Dad, and I know he's a man,
And Mom is a woman, and she drives a van.
Maybe the problem is in trying to tell
Just what someone is by what he does well.

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from the Ms. Foundation.

Taken from Free to be Me

Activity 9: Collage

This activity requires a large chunk of time, but has proven to be popular and successful.

It has the potential for raising a lot of controversial tereotyping. Be prepared to facilitate an emotional discussion and allow plenty of time to follow this activity through to its conclusion (allow a minimum of 30-40 minutes).

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(Activity 9: Collage -- cont.)

A. Divide students into same-sex groups.

B. Direct them to cut out pictures that represent the American Male (for the girls' group), and the American Female (for the boys'). Students can make individual or group collages.

C. Post the collages

D. First, students make lists of stereotypes shown on the other group's collages. Second, each group responds to the other's collage, requiring people to state their reasons for cutting out the pictures they did.

Activity 10: Cultural Differences

Many students enjoy being read aloud to. These brief statements are intended to give a small overview of some cultures that don't teach the same messages about sex roles. This activity can be extended into a larger cross-cultural survey.

1. Hopi Indians of Arizona trace their names and blood lines through the mother. A family member is anyone related to the mother. Fathers are respected but the woman is the basis for the family. These people desire girl babies.

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Activity 10: Cultural Differences -- cont.)

2. The Mundugumor tribe are a war-like people. Boys are raised by their mothers, girls by their fathers. Both sexes are raised in exactly the same way and have similar personalities.

3. In Bali, men and women look and act differently from what we Americans expect. Most men are not muscular and women look quite boyish. All of the people enjoy singing and playing and heavy work gets done in large groups, so no one person has to work too hard.

Activity 11: CLass Evaluation

Evaluate the Class (see Program Manual).

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Masculine or Feminine...or Both?

Directions: Look at each of the behaviors listed below. Next to each phrase, write an M if you think it is male behavior, and F if you think it is female behavior, and M/F if you think it is both male and female behavior.

1. Crying _____
2. Drinking beer _____
3. Studying _____
4. Taking care of children _____
5. Swearing _____
6. Feeling shy _____
7. Playing sports _____
8. Cooking _____
9. Caring about people's feelings _____
10. Asking someone for a date _____
11. Being a government leader _____
12. Wanting to have sex _____
13. Supporting a family _____
14. Fighting _____
15. Worrying about how to dress _____

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lesson: Homosexuality

goals:

1. To expose students to alternative views to the stereotypical ones regarding homosexuality.
2. To provide students the opportunity to reflect on their own values, feelings and behavior regarding homosexuality.

activities:

1. Question Box
2. Labelling
3. Teacher Presentation -- What does Homosexual mean?
4. Gay or Straight...Can you tell by looking?
5. Historical Perspective
6. Myth or Fact
7. Class Evaluation

materials: included:

Labelling

Teacher Presentation Information

Myth or Fact

other:

Question Box; Pictures for Activity #4.

references:

Bell, Ruth, et. al. Changing Bodies, Changing Lives, pp. 112-123
Comfort, A. and J. The Facts of Love, pp. 105-110.
Diamond, Liz. The Lesbian Primer.
Alyson, Sasha, ed. Young, Gay and Proud

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Notes for Teachers

Homosexuality is a difficult issue to think,talk and teach about for most people in our society. For this reason, it is very important that all staff do some group work to clarify their feelings about homosexuality -- whether or not they are teaching sex education. Not only is it necessary to practice talking about homosexuality as a style of life and love, but to become aware of one's own biases, feelings and beliefs.

Adolescence

Adolescence is a time when teenagers begin experiencing sexual feelings that are new to them, in both intensity and focus. Some are beginning to act on these feelings.

The reality of these sexual changes combined with the fact that at least 10% of the population is gay (based on studies by Dr. Alfred Kinsey, of the 1948 and 1953 'Kinsey Reports', and Dr. Paul Gebhardt -- both of the Institute for Sex Research), means we can assume that we are dealing with quite a substantial number of gay students (and even more who are experiencing homosexual feelings). We can also assume that these students will be experiencing some level of discomfort and shame for these feelings in response to the stigma directed at gay people in our society. It is important to counteract this trend of homophobia (irrational fear and/or hatred of gay people), by openly discussing issues of homosexuality, and providing information based on facts rather than fear.

Inservice and Information

As previously mentioned, it is important for all staff to take part in in-service training which deals with issues of homosexuality. The Adolescent Issues staff is available as consultants and has extensive resources available for people who work in this area.

We also recommend speaking with gay people and reading updated information on homosexuality. The National Gay Task Force is an excellent resource for information and services in your community:

National Gay Task Force
80 Fifth Ave., Suite 1601
New York, NY 10011
212-741-5800

Very often, children and adults call each other "gay" as a way to put each other down. Any person or thing that is not "cool" is deemed "gay" or "fag". We think that it is important to respond to this as seriously as you would to any racial or prejudicial slander. We have found it helpful to talk to chidren who call others gay about one of the following:

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--What that term means to them
--What raised that association for them
--How does it make the other person feel
--What are their own feelings about gay people
--Why they think that gay people are picked on or discriminated against.

The first activity in this lesson is in response to this problem and has proven to be an effective way to begin a difficult discussion.

It is important to remember that children learn insults from adults, and that modelling alternative behavior and questioning old behaviors can be very powerful tools for change.

Opinions about homosexuality no longer only reflect one's personal values, but also one's political standpoint. There has been a sharp rise in the attacks on gay people -- both political and violent -- in 1982, so that the issue of one's sexual preference has become an issue of civil rights.

It is in this light that this lesson is written; in the context of (talking about) prejudices. People's individual fears and misunderstandings about homosexuality are often used as reasons to deny gay people their civil rights. We think that it is essential for teachers and students to address these issues in order to create a context for sharing feelings and ideas about homosexuality, and to reflect more clearly on our actions.

Activity 1: Question Box

Answer questions in the anonymous question box.

Activity 2: Labelling

A. Ask students to think of some insulting names people call each other.

B. List them on the blackboard. For example:

broad	wop	frog
nigger	fairy	homo
chink	queer	fatso
lezzie	spic	gay

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Activity 2: Labelling (cont.)

C. Class Discussion.

1. Why do people insult and make fun of people who are different from them? Some ideas are:

   a. Fear of the unknown (unfamiliar) = bad

   b. Stereotypes perpetuated by the media

   c. Religions and families, and myths/values passed down

   d. The need to feel better than others; the need for a scapegoat.

Explore other reasons with your students.

Activity 3: Teacher Presentation

Use these questions to present information as a structure for discussion.

Ask students:

1. What does the word "gay" mean to you?
2. Why do people use the word "gay" as an insult?

   Answer: We believe that "gay" is used as an insult because we are taught to feel uncomfortable with gay people and our own homosexual feelings, and have been taught to make fun of things that make us uncomfortable.

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Activity 3: Teacher Presentation (cont.)

3. What does "homosexual" mean?

   Answer: "Homosexual" is a word used to describe feelings or behavior. It is also used to describe people who have strong feelings of love, closeness, and/or sexual attraction toward people of their same sex. A homosexual man is called gay or homosexual. A homosexual woman is a lesbian.

4. Why are some people homosexual and others heterosexual?

   Answer: No one knows exactly what forces result in a person being homosexual, but most gay people slowly come to realize that they are more sexually and emotionally attracted to people of the same sex. About 10% of the population of the U.S. is homosexual.

5. What about teenagers and homosexuality?

   Many teenagers are taught to worry about homosexuality. If they have felt warm feelings for someone of their same sex they worry that they're homosexual. Adolescents who have had a sexual experience with someone of their same sex worry that they are not normal. Actually, many youths have had sexual feelings and experiences with friends who are the same sex. This is common.

   Most people have love feelings for close friends who are the same sex. Many people have sexual thoughts and dreams about people of the same sex.

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Activity 3: Teacher Presentation (cont.)

Homosexual feelings -- affectional, emotional, or sexual attraction to persons of one's own gender -- are not a matter of choice. Heterosexual feelings and one's basic sexual orientation, which is established in early childhood, are also not a matter of choice.

Choice, however, does enter into the question of what one does in response to one's feelings or basic orientation. One can decide whether and how to act on them and how to integrate them into the context of one's life.*

*Taken from Twenty Questions About Homosexuality, National Gay Task Force (see above for address).

Activity 4: Gay or Straight...Can You Tell by Looking?

A. Collect and cut out pictures of people in non-stereotypical roles (male nurse, female trucker, male dancer, female referee, etc.)
B. Paste them onto cardboard. Number them.
C. Tell students they will be expected to label each picture as to whether the person is gay or straight.
D. This can be done orally, with the group voting on each picture by a raise of hands, OR each student can have a private tally sheet (see student sheet).

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Activity 4: Gay or Straight...Can You Tell by Looking? (cont.)

5. The most important aspect of this exercise is for students to support their vote with a specific reason.

Activity 5: Historical Perspective

A. Read the following aloud and/or assign each student to find out about aspect of homosexuality in history.

Homosexuality is very old. There have been homosexuals since day one. Some societies have looked down on it. Others have accepted it. For example, in Greece, 2000 years ago, homosexuality was seen as the finest love a man could have. Shakespeare wrote some of his best poems to a man. Many authors have written books and plays about homosexuality.

Alexander the Great is a famous gay man and one of the most powerful men of his time. David Kopay is a famous football player who is gay. There are also famous women who are lesbians: Sappho, a famous Greek poet, and Gertrude Stein, a writer.

Activity 6: Myth or Fact

A. Hand out student worksheet

B. Read aloud each sentence.

C. Go over sheet as a group.

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Activity 6: Myth or Fact (cont.)

Answers are:

1. False
2. False
3. True
4. True
5. True
6. False
7. True
8. False
9. False
10. True
11. False
12. True
13. False
14. False

Activity 7: Class Evaluation

Evaluate the class.

Collect anonymous questions

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GAY OR STRAIGHT...

CAN YOU TELL??

TALLY SHEET

	Gay	Straight
Picture #1	____	____
Picture #2	____	____
Picture #3	____	____
Picture #4	____	____
Picture #5	____	____
Picture #6	____	____

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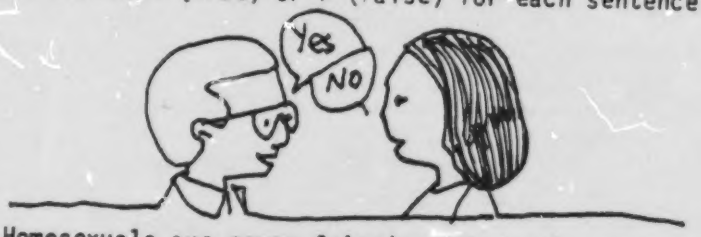
Facts and Myths: Homosexuality

Directions: A Myth is FALSE

A Fact is TRUE

Please circle T (True) or F (False) for each sentence.



1. Homosexuals are never friends with people of the opposite sex. T F

2. You can always tell if a person is gay by the ways they look and/or act. T F

3. There is no clear set of reasons for why people are either homosexual or heterosexual. T F

4. Homosexuality has been a part of many cultures throughout history. T F

5. Some famous people are homosexual. T F

6. All gay men don't like to play sports. T F

7. Homosexuality is when someone has most of their romantic and sexual feelings for people of the same sex. T F

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Facts and Myths: Homosexuality (cont.)

8. If a man is a nurse, he must be gay. T F

9. If someone is a lesbian, she doesn't want to have babies. T F

10. There is a good chance that about 1 out of every 12 people is gay. T F

11. If you have loving or sexual feelings for someone of the same sex, then you are definitely gay. T F

12. A bisexual is a person who has sexual relations with both males and females. T F

13. If someone is gay, it is because there is something wrong with them. T F

14. Homogenized milk comes from gay cows. T F

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lesson:

Are You Ready for Sex?

goals:

1. Students will consider some reasons for and alternatives to being sexually active.

2. Students will understand the role of choice in the decision to become sexually active.

activities:

1. Question Box
2. Brainstorm
3. Class Poll
4. Brainstorm
5. Film (optional)
6. Case Studies
7. Role Play
8. Class Discussion Questions
9. Evaluate Class

materials:

included:

Brainstorm
Case Studies
Role Play

other:

Question Box
Films

references:

Bell, Ruth. Changing Bodies, Changing Lives, pp. 84-93.
Kelly, Gary. Learning About Sex, pp. 73-77.
McCoy, Wibblesman. The Teenage Body Book, pp. 153-157.

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Notes for Teachers

LESSON: Are You Ready for Sex?

This lesson marks the beginning of the portion of the curriculum dealing with sexual activity. There are bound to be many students in your group who have never been sexually active and who are either fearful or uninterested in getting involved sexually. Be sure to emphasize the "normalcy" of not being a sexually active teenager and remind students that 50% of teenagers are not sexually active; rather, we tend to hear about those who are, either because they talk, or because the sexual activity results in pregnancy, disease or other consequences that can be counted.

There are two films that have worked well to address the issues related to making decisions about sex. Again, it is necessary to preview any film you may choose. "Are You Ready for Sex?" shows teenage couples involved in interactions which require a decision about whether to get involved sexually - some of the couples do, others don't. The dramatizations are followed by a teenage discussion group. The other film, "Decisions About Sex" presents a series of vignettes of teenagers explaining why they decided to be sexually active or inactive. Each vignette pinpoints one or two of the prevalent reasons teenagers try intercourse. The vignettes can be used separately or the whole film can be shown. There are other audio-visuals dealing with the issue of readiness for sexual activity, but these are films (more active) as opposed to filmstrips (less active). Please see the Resource List preceding the curriculum for a further listing of useful materials.

Two questions that can help students evaluate whether they or others are ready for sex are:

1. Will I feel better for being sexually active?

2. Will the other person feel good about the experience?

Introduce these questions early in the lesson.

The activities of the lesson can be done in any order, with or without the use of audio-visuals. You will probably need two or three group meetings to cover this issue adequately.

Activity 1: Question Box

Answer questions in the box.

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Activity 2: Brainstorm

Brainstorm the question: What are some ways people show they like each other?

Some responses might include:

--doing each other favors

--holding hands

--standing up for each other

--going places together

--hugging and kissing

--giving gifts, etc.

Activity 3: Class Poll

Ask students to vote on this question: How many of you think sex is a way to show loving feelings for someone else?

Remind students that the word "sex" doesn't mean only intercourse, but petting and kissing as well. They may need a definition for "petting".

Teacher Introduction: We have talked about how relationships change as the individual changes. Sometimes when people really like each other a lot, they have sexual feelings for each other. If two people decide to be sexual together, it is a decision.

This lesson today will explore some of the reasons teenagers decide to be sexually active. It is important to remember that about one half of all teenagers don't get involved with sex; it is just that we hear about the ones who do. Also, we will share some ideas about what choices teens have when it comes to making decisions about sex.

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Activity 4: Brainstorm

There are many questions that can be brainstormed. Below are some of them:

A. What are some of the reasons for teenagers deciding to be sexually active?

B. What are some of the reasons teenagers have for not trying sex?

C. What are some results of intercourse (positive and negative)?

D. When someone says they are not ready for sex, what does that mean?

Some responses might include:

A. To try it (curiosity)

To feel grown up

Because they love someone - it is a sign of love

Because everyone else is trying sex

Because they think they're supposed to

To get pregnant - to have a baby

Because they want to "keep" their boyfriend or girlfriend

Because their sexual feelings are very strong

Because there is so much sex on TV, in the movies, in magazines -- you can hardly get away from it all

Don't know how to say no.

B. They don't feel ready

It's not the right person

They might feel badly afterwards

Their parents said not to

They might get a bad reputation

Pregnancy could result

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(Activity 4: Brainstorm -- cont.)

B. (cont.)

They could get V.D.

It's against their religion

They want to wait until they're married

They don't know what to do

C. Pregnancy (joy or regret)

Orgasm

Closer Relationship

Guilt

S.T.D.

Relief

Awareness

Excitement

Fear

D. They don't like the person enough

They are scared of nudity and bodies

They feel too young

They don't feel responsible enough

It's too close for comfort

Doesn't trust the other person

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Activity 5: Film (optional)

Activity 6: Case Studies

A. Pass out copies of the Case Studies

B. Read them out loud, one at a time, or together, so students can choose which one to do first.

C. Students will be expected to list as many strategies as they can, then choose individually or vote as a group on the best strategy in each case.

Some possibilities include:

1. *Push him away everytime he tries to touch her

*Do it anyway, just because he wants to

*Tell him to wait a little longer

*Tell him you can't because your mother would be mad

*Tell him, "No, I'm just not ready for that."

*Sit down and discuss the relationship. Ask his reasons for wanting to have sex. Give her reasons for not wanting to.

*Break off the relationship.

*Tell his best friend of her question

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(Activity 6: Case Studies -- cont.)

2. *Force her to get involved with him
   *Tell her to forget their relationship unless she'll do it
   *Try to convince her that he loves her and it is the way he wants to show her
   *Offer to get some birth control and be grown-up about it
   *Buy her an expensive gift and try to bribe
   *Explain his feelings to her - how confused he is
   *Sit down and discuss the relationship, what's importnat and how to show affection
   *Tell his friends to bug off and mind their own business

3. *Lead him into it,by getting him excited
   *Use liquor to break down his resistance
   *Tell him of her physical desires
   *Hold off and wait to see what happens
   *Tell him now or never
   *Give him books to read on petting
   *Give him one month to come around
   *Find a new boyfriend
   *Talk it over

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Activity 7: Role Play

Present this situation, and ask for volunteers to role play:

Your younger brother or sister comes to you for advice. S/he wants to get involved sexually with his/her date. What do you say.

Activity 8: Questions for More Discussion

1. What are some ways for teens to feel good with each other if they don't feel ready for sex?

2. What are some ways for teens to deal with showing sexual feelings if they're not ready for sex?

3. Do most kids tell each other how they really feel? Why? Why not?

4. What makes some people do things like fool around sexually if they don't really want to?

5. How does a person know if s/he is ready for sex?

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Concluding Remarks: Making decisions about whether or not to be sexually active is hard for anyone who is not married -- teens, adults, gays, and grandparents. The important thing to ask yourself is: 1. Will I feel better for having sex? 2. Will the other person feel okay too?

Many teenagers aren't sure whether it's okay to say no, but it seems easier to say that one word than to deal with on-going unpleasant or uncomfortable situations. Sex is one way of showing love; it should not become a measure of popularity, or a tool for getting what you want.

Activity 9: Class Evaluation

Evaluate the class (see Program Manual).

Collect anonymous questions

Distribute homework

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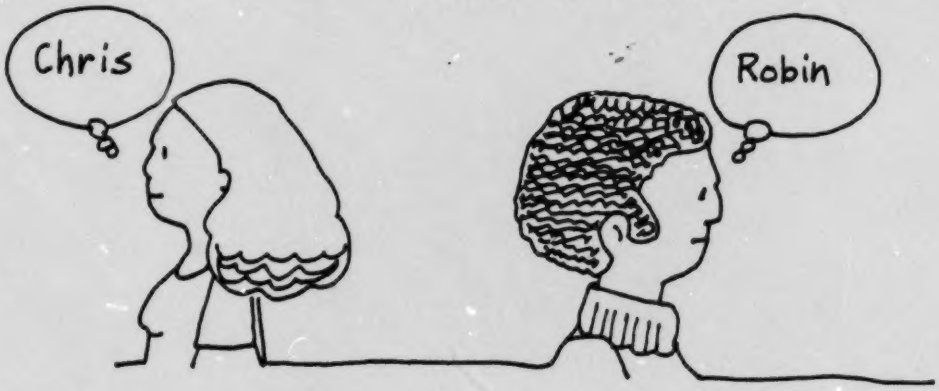
Case Studies

1. Jean really likes Chris. Everyone thinks he is great, and she does too. Sometimes they kiss, but now he wants to try petting. Jean doesn't feel ready for him to touch her body, and thinks he might be using her for sex, but she doen't want to lose him as her special friend. How does Jean deal with Chris?



2. Ronny has really enjoyed getting to know Robin. They have a lot of fun together. He wants to try to have a sexual relationship with her, but is afraid of scaring her away. He's worried she won't see him anymore, but he's also sick of hearing his friends tease him about not "getting any". How does he deal with Robin? Is she the only person he should deal with?

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3. Kim and Lee have been seeing a lot of each other. They really like each other, and enjoy kissing as one way to show their warm feelings. Lately, they've been getting more involved and are trying French kissing and holding each other very close. Kim really likes the way she feels when they kiss and would like to go a little further into petting and touching each other. So far, Lee says that they're not ready to get so involved because they might get carried away. Kim thinks she might like that. Lee wants to hold off so he and Kim can get to know each other better, especially so she'll know that he's not using her for sex, if they do go further. Kim is starting to get impatient and is thinking of getting to know some of the older guys, even though Lee is her favorite. How can Kim deal with Lee?

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Homework

name: _____

Lesson: Are You Ready for Sex?

1. Please list 3 reasons for why you think some teenagers choose to have intercourse:

   A. _____

   B. _____

   C. _____

2. Please list 3 ways people can show that they have good feelings for someone else:

   A. _____

   B. _____

   C. _____

3. Please list 3 things people need to think about before they have intercourse:

   A. _____

   B. _____

   C. _____

Adolescent Development and Sexuality

lesson: Intercourse, Fertilization and Pregnancy

goals:

1. For students to have the chance to learn about and discuss intercourse in a serious and legitimate manner.
2. Students will understand the biological processes of fertilization and pregnancy.

activities:

1. Question Box
2. Slang Term Exercise
3. Class Poll - "Things to Think About"
4. Brainstorm - "Results of Intercourse"
5. Sexual Intercourse Booklet
6. Fertilization and Pregnancy - film or filmstrip
7. Class Evaluation

materials:

included:

Things to Think About

Sexual Intercourse Booklet

other:

Question Box

Film or Filmstrip on Fertilization and Pregnancy

references:

Bell, Ruth. Changing Bodies, Changing Lives, pp. 101-104
Comfort, A. & J. The Facts of Love, pp. 66-68, 77-86
Johnson, E. & C. Love and Sex and Growing Up, pp. 15-32.
Love and Sex in Plain Language, pp. 25-43.
Nilsson, Lennart. A Child is Born.

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Notes for Teachers

LESSON: Intercourse, Fertilization and Pregnancy

Activity 1: Question Box

Answer questions in the box.

Help students to remember the purpose of the anonymous question box. Urge them to use it especially if they still feel they aren't getting questions answered in class or at home.

Introduction:

We have been discussing the question of why and how teenagers decide to become sexually active. Remember that some adolescents decide not to be sexual with other people; others decide that kissing and petting are all they're ready for. Then there are some adolescents who decide to get involved with intercourse. Today we will learn some things about intercourse, and one of its consequences. . .pregnancy.

Activity 2: Slang Term Exercise

A. Look "intercourse" up in the dictionary.

1. Write the 2 definitions on the board. Add the word "sexual" so it preceeds "intercourse".

B. Ask students for street terms that mean "sexual intercourse". Some terms might be: humping, balling, fucking, screwing, going all the way, getting it; fourth base, etc.

C. Clarification Statement

People use the term "intercourse" very freely to mean many different types of sexual activity. In this class we will be using only one meaning for intercourse: when a man's penis goes into a woman's vagina.

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Activity 3: CLass Poll - "Things to Think About"

A. Distribute Student Worksheet

B. Read introduction and directions aloud

C. Discuss student responses.

Students may be interested in their peers' responses to this exercise but may feel uncomfortable sharing their own. Ask them to vote on which were most and least important, or tabulate responses to all of the questions. Students should be expected to give a reason for their ratings.

Activity 4: Brainstorm: "Results of Intercourse"

A. Brainstorm exercise.

Some responses may include: pregnancy, orgasm, increased emotional involvement, STDs, guilt, happiness, fulfillment, confusion, etc.

B. Circle "pregnancy" on the board.

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Activity 5: Sexual Intercourse - Booklet

Intercourse is a difficult topic for both students and teachers. Few of us have discussed intercourse in a group setting, seriously and without embarrassment. Be sure to read through the small booklet on intercourse before using it with the students, so that the vocabulary and content are not a surprise. The teachers modelling will greatly affect the group's response to the material. If treated seriously, the students are likely to respond in a mature manner, though there is bound to be some discomfort. Use the large anatomy diagrams to point out body parts, especially to remind students where the clitoris is located.

The student booklet is printed on 8" x 11" sheets. You may want to cut them into smaller sheets and staple them into a booklet format.

A. Introduce the booklet and its purpose - allow students to doodle if it helps them feel more comfortable.

B. Distribute booklets.

C. Begin reading aloud, unless students are willing to do it.

D. Stop on page 3 and define "orgasm"

   1. Write orgasm on the board.

   2. Ask students if they know what it means.

   3. Look it up in the dictionary.

   4. Ask students for street terms for "orgasm". Some might include: come, get off, shoot, shake

E. Continue reading.

F. Do sequencing review exercise at the end.

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Activity 6: Fertilization and Pregnancy - A. Film; B. Pictures

A. There are a number of quality films and filmstrips available that present and review the processes of fertilization, pregnancy and birth. Some of them are more scientific and technical than others, some more graphic than others. Whichever audio-visual you choose, be sure to preview it. Some show live birth scenes which you will want to warn the group about; others review anatomy and puberty before discussing intercourse and pregnancy. It is always helpful to stop at various points and review/restate what the film has shown. Be willing to rewind to spots students find especially interesting.

Some recommended audio-visuals are: "Human Growth III"; "Understanding Human Reproduction" (Part II)

B. Many publications have drawings and/or photographs of embryonic and fetal development. If you were unable to get a film or filmstrip that shows this, it is important to find books or magazines with pictures.

The selection ranges from cute cartoon depictions (in Where Did I Come From? by Peter Mayle), to more realistic drawings in books by many authors (Eric Johnson, Stephanie Waxman) to the famous Nilsson photos of fetal development found in two of his books (A Child is Born, How Was I Born?). Life Magazine has an educational print called "Life Before Birth" that is descriptive and fascinating.

Activity 7: Class Evaluation

Evaluate the class.

Distribute Homework
Collect anonymous questions

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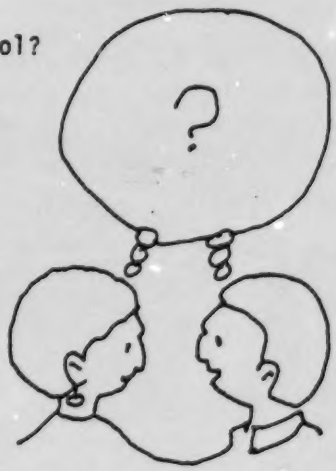
"Things to Think About"

Introduction: Most people think that the decision to have sexual intercourse is a very serious one. Listed below are some of the things people think about before deciding how far to go with their partner. Both gay and straight people have these concerns.

Directions: Rate which things are most important to think about before deciding to have sexual intercourse. Put a number 1 next to the question you think is most important, 2 next to the second most important, on until 8.



_____ Who will be responsible for birth control?

_____ How much do I love this person?

_____ Should I be married first?

_____ What will people think of me if they find out?

_____ How can I make sure I won't get an S.T.D. (sexually transmitted disease)?

_____ How does my family feel about intercourse before marriage?

_____ Will I know what to do to make my partner feel good?

_____ Will I feel badly afterwards?

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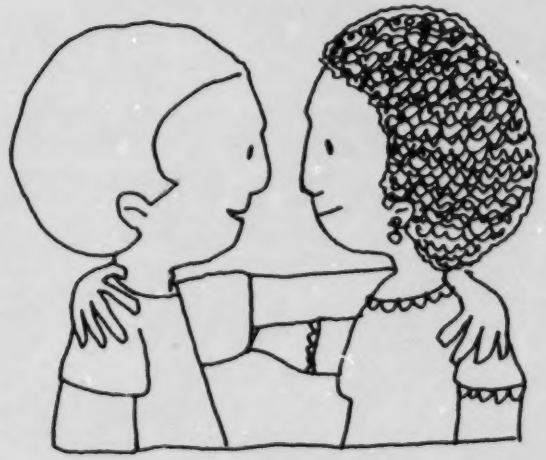
SEXUAL INTERCOURSE

Intercourse: a man's erect penis goes into the woman's vagina.

First, when both partners in the heterosexual (male and female) couple want to have intercourse, they usually hug and kiss and touch each other in order to get in the mood. This causes their bodies to get excited and their feelings for each other to be more loving. Many couples enjoy this part of the sexual sharing as much or more than the actual act of intercourse.



Next, one of the partners usually reaches down and guides the penis into the vagina. A woman is ready for intercourse when the penis can slide into her vagina easily. A man is ready when he has an erection.

When the penis is inside, the couple moves their bodies in a way that feels good to both partners. Usually the penis moves in and out of the vagina, and the man's body rubs against the woman's clitoris.

Sometimes the couple has orgasms. Sometimes neither partner has an orgasm. Usually one or both of the partners will have an orgasm, but not at the same time. All of these are common ways to experience sexual intercourse.

Sometimes intercourse is not a good time for one or both of the partners. Then the couple tries to figure out what is wrong. Sometimes the problem is due to their <u>feelings</u> for each other. Maybe they are not sure if they really are ready for getting so involved with sex. Other times the partners aren't sure how to make each other feel good with their bodies. When one or both of the partners aren't enjoying sexual intercourse it is important that they talk to each other about what the problem might be.

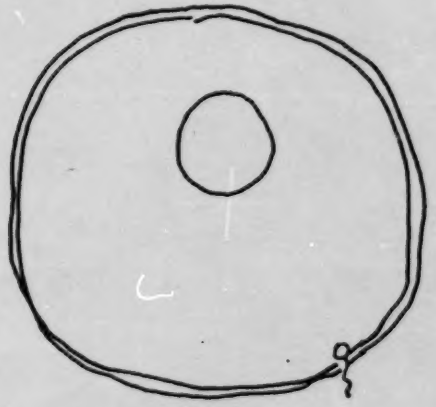
What happens during sexual intercourse?

1. When a man has an orgasm, he ejaculates semen which has millions of sperm in it.

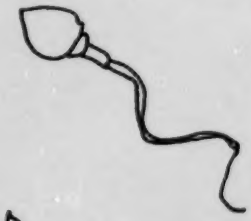
2. The semen spurts into the woman's vagina and the sperm swim up into the uterus and Fallopian tubes.

3. If there is an egg in the tubes, the sperm will try to enter the egg.

4. A sperm inside an egg is the beginning of a new life--that is how a pregnancy is started. Now turn the page to see what happens next.



Fertilization requires a sperm and an egg. A human sperm looks like this:

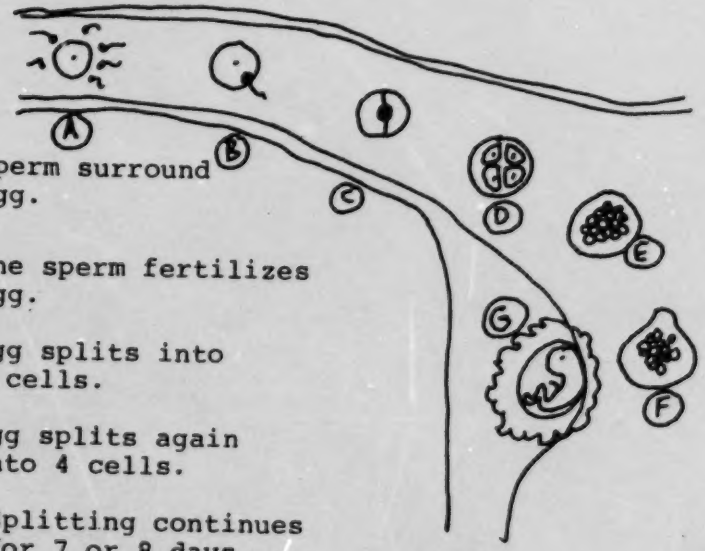


The head contains information about what the baby will look like. The tail helps the sperm swim.

In a drop of water this big , you could fit 120,000,000 sperm.

LOOK....

This is what happens when an egg is fertilized by a sperm, in the Fallopian tube:



a. Sperm surround egg.

b. One sperm fertilizes egg.

c. Egg splits into 2 cells.

d. Egg splits again into 4 cells.

e. Splitting continues for 7 or 8 days.

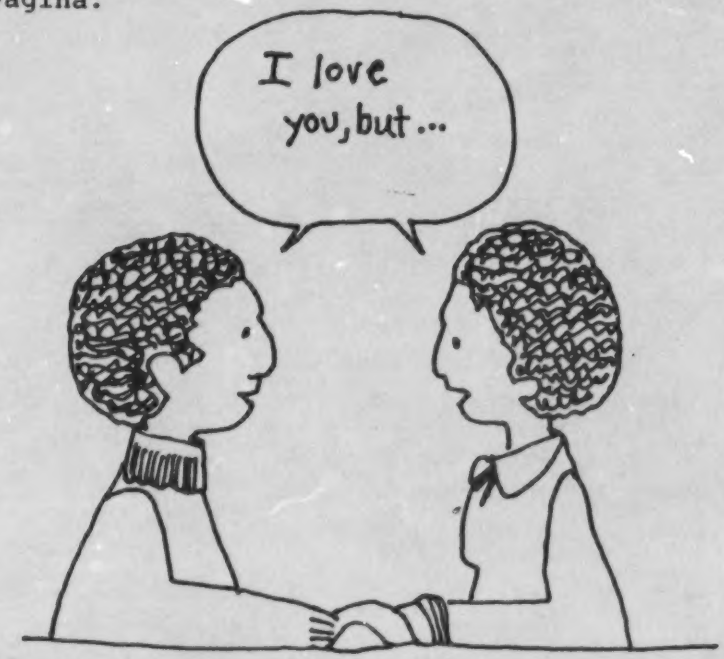
f. Egg rests against wall of uterus.

g. Egg buries itself in wall of uterus, and is an embryo.

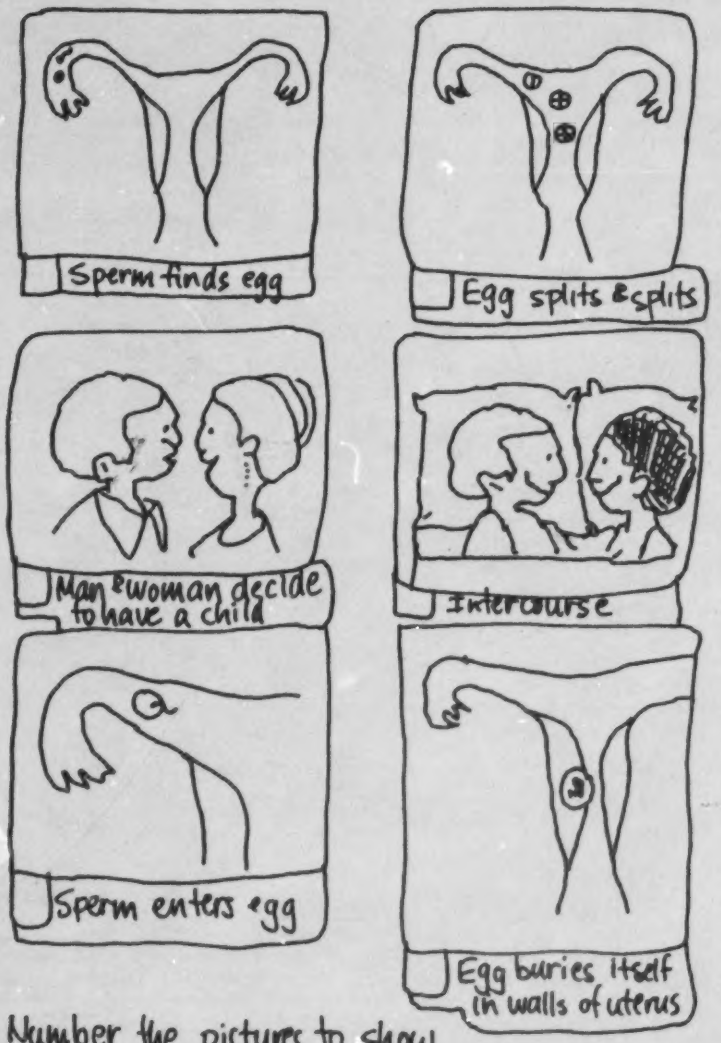
DON'T FORGET. . .

If a couple does not want to risk pregnancy, they need to use birth control or not have intercourse.

It is important to remember that if the man's penis is anywhere near the woman's vagina, then some of his semen can enter her. A girl can get pregnant even if the penis is not inside the vagina.



REVIEW


Sperm finds egg
Egg splits & splits
Man & woman decide to have a child
Intercourse
Sperm enters egg
Egg buries itself in walls of uterus

Number the pictures to show the order of starting a new life.

Homework

name: _____

1.

1. List two changes that happen to a woman's body when she is pregnant.

   A. _____

   B. _____

2. Put these in order please, number them from 1 to 5.

   _____ A sperm enters an egg.

   _____ A baby is born.

   _____ A man and woman decide to have intercourse.

   _____ The egg buries itself in the wall of the uterus.

   _____ A man's sperm enters the woman's vagina and Fallopian tubes.

3. List 3 things parents have to do when they have children to take care of.

   A. _____

   B. _____

   C. _____

lesson:

Birth Control Methods

goals:

To increase students' awareness of available contraceptive devices and how they work.

activities:

1. Question Box
2. Review
3. Brainstorm
4. Birth Control Methods
   a. Worksheet
   b. Hands-On (Devices)
5. Myths and Facts
6. Class Evaluation

materials:

included:

"Methods of Birth Control"

Myth or Fact

other:

Question Box

Pictures of Devices

Sample Contraceptives

references:

Bell, R., et al. Changing Bodies, Changing Lives, pp. 159-189.
Kempton, W. An Easy Guide to Loving Carefully
McCoy, Wibbelsman. The Teenage Body Book, pp. 170-185.

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Activity 5: Myth or Fact

A. Distribute worksheet

B. Read aloud phrases to group

C. Discuss and compare responses

Activity 6: Class Evaluation

Evaluate the class.

Distribute homework

Collect anonymous questions

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Methods of Birth Control

Some Choices and Consequences

All methods:

1. Cost money
2. Should be used carefully
3. Need both male and female cooperation to work well.

Method	Positive (good)	Negative (bad)
Condom and Foam How: Condom: stops sperm from entering vagina Foam: kills sperm made in vagina	1. Safe 2. No side effects 3. Easy to get - don't need to see a doctor 4. Both male and female can share the responsibility	1. Both male and female must do their part 2. Need to use both for best protection 3. Need to keep buying more (expensive) 4. A little messy

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Methods of Birth Control (cont.)

Method	Positive (good)	Negative (bad)
Pill How: Stops the egg from leaving the ovary.	1. Easy 2. Not messy 3. Works well 4. Sometimes protects against some kinds of cancer 5. Very regular periods	1. Only woman 2. Must be responsible and take pill every single day 3. Need to see a doctor to get the prescription 4. Side effects: swelling, headaches, weight gain
Diaphragm and jelly How: Diaphragm: stops sperm from entering uterus Jelly: kills sperm	1. Works well 2. No side effects	1. Only woman 2. Messy 3. Have to use more jelly each time of intercourse 4. Need to get fitted by a doctor 5. Need both jelly and diaphragm 6. Diaphragm stays inside 6-8 hours.

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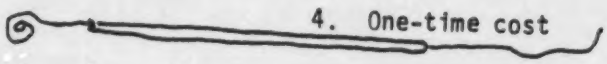
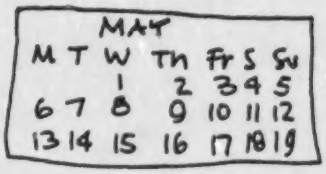
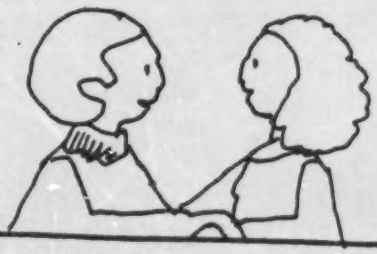
Methods of Birth Control (cont.)

Method	Positive (good)	Negative (bad)
I.U.D.	1. Easy	1. Only woman
How: stops fertilized egg from attaching to uterus	2. Clean	2. Side effects
	3. Don't have to think about it much	3. Need to feel inside vagina to check it
	4. One-time cost	4. Need to see a doctor to get an I.U.D.

Rhythm		
How: intercourse only on days when there is no egg in the fallopian tube	1. Cheap	1. Doesn't work well
	2. Easy, "natural"	2. Have to be very careful for it to work
	3. Clean	3. Often results in pregnancy!
	4. Both people involved	
	5. No side effects	



Abstinence (not having intercourse)	1. No risk of pregnancy	1. May want to have intercourse
How: No possibility of pregnancy	2. Clean, healthy	



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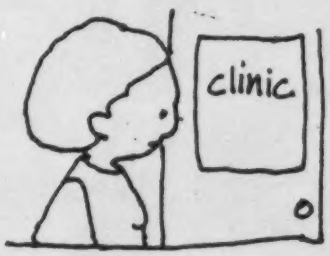
Methods of Birth Control (cont.)

Method	Positive (good)	Negative (bad)
Sterilization	1. Permanent 2. Don't have to think about birth control or pregnancy 3. Clean	1. Permanent - can't change your mind 2. Side effects? (new procedure)
Abortion	NOT birth control	Expensive ($200) Sad Big decision



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Myths and Facts

Methods of Birth Control

A Myth is a story; it is usually False.

A Fact is True.

Mark False (F) or True (T) next to each sentence.

1. You need to see a doctor to get most forms of birth control. _____
2. Gay people use a lot of birth control. _____
3. Birth control pills only work if the woman takes one every day. _____
4. Condoms can be used more than once. _____
5. Lesbians usually choose to use the pill. _____

6. A diaphragm can be taken out of the woman right after intercourse. _____
7. Condoms and foam together work very well to stop pregnancy. _____
8. Most teenagers choose abstinence (not having intercourse) as their favorite method. _____
9. If you use birth control, sex won't be any fun. _____
10. The rhythm method is a popular way to dance. _____

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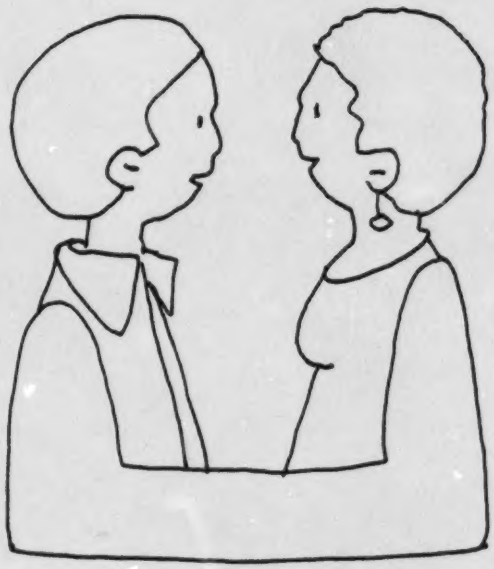
Homework

name: _____

Here is a problem. Please try to help this couple answer their question.



June and Larry are 16 years old. They have been dating for the whole school year. Both of them think they are ready for intercourse, but want to make sure there is no pregnancy.

What do they need to think about?

List 3 things they need to do to make sure there is no pregnancy.

1. _____

_____

2. _____

_____

3. _____

_____

Notes for Teachers

Activity 1: Anonymous Question Box

Answer questions in box.

Activity 2: Review

Put birth control in a context by verbally reviewing fertilization, pregnancy, birth, responsibilities and decisions involved in pregnancy and parenting.

Activity 3: Brainstorm "Birth Control: What's Available?"

Before beginning, ask students to list all the birth control methods they can think of. Add "not having intercourse" if they don't think of it. The methods are: condom and foam, birth control pills, diaphragm and jelly, I.U.D., suppositories, rhythm, sterilization.

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Activity 3: Brainstorm (cont.)

If two people want to have intercourse they must decide if they want to risk pregnancy. If they don't, there are many ways to stop the egg and sperm from meeting. Today we will learn about some different methods of birth control. Controlling birth means stopping the sperm from meeting the egg or stopping an egg from developing into a baby. Remind students that the most effective means of controlling birth is to refrain from having intercourse.

Activity 4: Birth Control Methods

This lesson is much more effective if the students can see and handle the birth control devices. Most family planning clinics will sell or lend a full packet of available contraceptives. If you are unable to find a packet, purchase the over-the-counter methods and use booklets, posters, or photos to supplement.

If you are able to locate and use a hands-on packet, help students to prepare to act in an appropriate manner. Some students will not want to touch the devices, others may treat them as playthings. Review classroom rules, re-state your expectations for the group, role-model ease with the contraceptives and be consistent.

This lesson will probably require two class periods.

A. Pass out student sheet "Methods of Birth Control". As you show each device and tell and show the group about its use, the students can follow on their sheets.

B. Be sure to show the placement of each device on the large anatomy charts.

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Activity 4: Birth Control Methods (cont.)

Note: There are 3 things that all devices have in common:

a. They cost money.

b. They must be used carefully.

c. It is both the man's and the woman's responsibility together to make sure they are being careful.

C. Hands-on. Show how each device works and hold it up to the large anatomy diagram to show placement. Next, pass each method around for the students to handle and see. Try to have pictures of each method as well. As you discuss each device place its picture in front of the group.

For your information:

1. Condom. Who knows some other words for condom? Some might include rubber, sheath, goatskin, etc. The condom is a thin piece of rubber rolled onto the man's erect penis. At the end is a little pocket for the sperm to collect in. The man must roll the condom on before intercourse. When the couple has finished he must hold the condom onto his penis as he pulls out, so it does not fall off. Condoms can only be used once, and should be thrown away after use.

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Activity 4: Birth Control Methods (cont.)

For your information: (cont.)

2. Foam. Contraceptive foam kills sperm. It is squirted into the woman's vagina just before intercourse, by using a plastic tube that is filled with foam. Show placement of foam at cervix on large diagram of woman's reproductive system.

   Foam and condom together are a very safe method of birth control. Both can be bought at many drugstores. Foam alone or a condom alone are better than nothing but for a couple to be sure, BOTH should be used.

3. Suppositories. The Encare Oval is the most well-known brand. Suppositories are placed inside the woman's vagina up by her cervix by either the woman or man. The heat inside the vagina causes them to melt into a foamy-type liquid that will kill sperm. Again, it is best to use a condom along with suppositories, as the liquid usually runs out before or during intercourse. It is not known how effective this method is.

4. Birth control pills. The next three types of birth control can only be gotten by asking a doctor for them. All of them are used by women.
   Birth control pills. These pills must be taken every day for them to work. By missing a pill or two a woman could become pregnant. They work by changing a woman's hormones. Who remembers what a hormone is?

   With a change in hormones, no egg pops out of the ovary once a month. No egg means no pregnancy. A woman must take the pills for a month, before

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Activity 4, For Your Information (cont.)

the eggs stop popping out, and it is safe to have intercourse. Possible side effects include: nausea, weight gain, headaches.

5. Diaphragm and jelly. The diaphragm is a rubber cup that is filled with jelly and put inside the woman's vagina before intercourse. The jelly kills sperm. To use the diaphragm without the jelly makes no sense, because sperm are so small, they swim around the edges of the cup. Show how the jelly is spread in the diaphragm and, on woman's diagram, show how it is inserted and where it sits against the cervix. This is an excellent form of birth control IF it is used carefully. Often, the man helps the woman put the diaphragm in, as part of their love-making.

   First, a doctor must fit the right size diaphragm to the woman. Second, there must be enough jelly in the diaphragm to kill the sperm. Every time a couple has intercourse, more jelly must be added. Third, the diaphragm is left inside the woman for 6-8 hours to make sure all the sperm is killed. Then the cup is washed out with soap and water and put in a case until the next time.

6. I.U.D. Intra Uterine Device. This is a piece of plastic that a doctor inserts into the woman's uterus.

   No one is sure how it works, but we do know that the plastic changes the chemicals in the uterus so that a fertilized egg is unable to attach to the walls of the uterus to grow.

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Activity 4, For Your Information (cont.)

The I.U.D. causes problems for some women but for others it works just fine.

The woman must check her cervix (show on diagram) to make sure the I.U.D. is still in place. She feels for the tiny strings hanging down through the cervix.

Show insertion of I.U.D. on female diagram.

7. Rhythm method. Some people think they can tell when a woman is SAFE - that means, that there is no egg in her fallopian tubes. The problem with this method is that nobody's body works like a clock so it is almost impossible to tell when there is and when there isn't an egg there. The rhythm method does not work very well, but for people who don't believe in birth control it is the only way of trying to control pregnancy aside from abstinence or sterilization.

8. Abstinence. Abstaining from something means not doing it. If there is no intercourse, there will be no pregnancy. Many teenagers choose this type of birth control because it is easy, safe and cheap.

9. Sterilization. Who knows what this word means? When someone is sterile it means that they cannot produce sperm or eggs.

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Activity 4, For Your Information (cont.)

When a man and woman decide that they do not want any more children at all, they may choose to have an operation.

In the man, the tubes that carry the sperm from the testes to the penis are cut and tied, so no sperm ever comes out of the penis. This operation lasts the rest of a life.

In a woman, her fallopian tubes are cut and tied, so the egg has nowhere to meet with the sperm. This is a decision that lasts forever. Generally, only older, married people choose to use this form of birth control. Some gay people also make this decision.

10. Abortion. ABORTION IS NOT A FORM OF BIRTH CONTROL. Abortion is a way of removing a fertilized egg from the mother's uterus. When people have intercourse and do not use birth control, it is easy to get pregnant. Often the boy and girl, or man and woman do not want to have a child. Sometimes they make the decision to have an abortion. Then the woman goes to a doctor and the fertilized egg is sucked out of her uterus with a little vacuum type tool. It does not hurt much, but it costs $200 and many couples feel sad about deciding to have an abortion. Some couples decide to continue the pregnancy and have the baby, then put it up for adoption. Others choose to keep the child and to raise it. And we allknow what a big responsibility that is.

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lesson:

Birth Control - Decision Making

goals:

1. To introduce students to the role of family planning centers
2. To provide students with a forum in which to assess the decisions inherent in the choices surrounding birth control

activities:

1. Question Box
2. Review - Methods of Contraception and Where to Get Them
3. Family Planning Centers
   a. phone exercise
   b. role play
   c. guest speaker
4. Agree/Disagree
5. Case Studies/5-Steps
6. Personal Choice
7. Class Evaluation

materials:

included:

Agree/Disagree
Case Studies/5 Steps
Personal Choice

other:

Question Box
Phone
Guest Speaker

references:

Bell, R., et al. Changing Bodies, Changing Lives, pp. 159-165.
McCoy, Wibbelsman, The Teenage Body Book, pp. 203-210, 215-242.

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Notes for Teachers

The two goals for this lesson complement each other. Awareness of the role and work of family planning centers will augment the discussions about the decisions involved with the use of contraceptives.

It is important to emphasize two issues in this lesson. The first is the issue of confidentiality at a family planning center. Help students practice through role play, filmstrips or discussions, a visit to a clinic. Make sure to be familiar with the laws in your state regarding dispensation of birth control to minors before assuring them of complete clinic cooperation. Any family planning clinic will be well-versed in the legal decisions affecting teenage contraception so call them for more information.

The second point of emphasis is that of responsibility; taking an active role in the decisions that accompany sexual activity and the use or non/use of contraception. Students must be encouraged to remember and explore the fact that actions have consequences and they are responsible for their behavior.

The excellent filmstrip "Teenage Birth Control: Why it Doesn't Work" is listed in the film listing. It will enhance any lesson on contraception.

Activity 1: Question Box

Answer questions in question box.

Activity 2: Review Birth Control Methods

A. Ask students to name the birth control methods they learned about. List these.

B. Play hangman with some of the method terms (condom, diaphragm, etc.)

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Activity 2: Review Birth Control Methods (cont.)

C. Ask students to list the three places teenagers can get birth control:

1. Doctor
2. Pharmacy (over-the-counter)
3. Family Planning Centers

Activity 3: Family Planning Centers

A. Phone exercise - Students will find the local clinic phone numbers in the phone book. They will call the center and ask for information about how to get contraceptives.

Students can break up into small groups, develop their own questions and call as a group, or the large group can make a list of questions, then designate a caller. Answers to the questions can be shared with the group.

This exercise will familiarize the students with the services of a family planning clinic, make them aware of their existence and help them get over some of their timidity with asking difficult questions.

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Activity 3: Family Planning Centers (cont.)

B. Role Play. The students can act out a hypothetical visit to a clinic. The roles might include a receptionist, a family planning counselor, a heterosexual couple. (Remind students that gay couples don't need birth control.)

Students who don't enjoy acting can help the players define their roles, their actions, their questions and answers.

Again, the idea is to practice something that is difficult to do in a safe and supportive atmosphere.

C. Guest Speaker. You may want to invite a family planning counselor to speak with the group. Most clinics offer speakers to student groups who will review the role of the clinic in a teenager's life.

Activity 4: Agree/Disagree

This sheet is designed to stimulate thought and discussion among students. Students will be expected to state their reasons for marking "agree" or "disagree".

A. Read each sentence aloud.

B. Students mark their answer.

C. Tally the votes for each sentence, then ask students to explain their votes.

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Activity 5: Case Studies

The three case studies can be role-played, discussed or examined from the perspective of the 5-Steps to Make a Decision. Help the group to consider and list various options to each case.

Activity 6: Personal Choice

This activity may be difficult for the group. Nonetheless it is important for them to be introspective about this issue. If the students don't want to think about themselves, ask them, instead, to imagine themselves counseling a friend. How would they help a friend decide?

Activity 7: Evaluate the class

Evaluate the class. (See Program Manual)

Distribute Homework

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Agree/Disagree

1. The man is the one who should take care of getting and using the birth control.

   Agree _____ Disagree _____ WHY? _____

   _____

2. The government should pay for birth control for everyone.

   Agree _____ Disagree _____ WHY? _____

   _____

3. Kids under 18 should be able to get birth control without their parents knowing.

   Agree _____ Disagree _____ WHY? _____

   _____

4. Birth control information should be taught in all schools.

   Agree _____ Disagree _____ WHY? _____

   _____

5. People don't need birth control because they should only have intercourse when they want a child.

   Agree _____ Disagree _____ WHY? _____

   _____

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Birth Control - Decision Making

CASE STUDIES

1. Jack and Sandy have been going out together. Sandy has a lot of sexual feelings and would like to have sexual intercourse with Jack. Jack is unsure of what to do. His friends talk about sex a lot, but not how to do it. He is very nervous, but doesn't want to tell anyone. He cares a lot about Sandy and doesn't want to risk a pregnancy. What should he do?

2. Annette and Randy like each other a lot. They have been kissing and petting and have decided that they care enough about each other to have intercourse. List the steps they need to go through so there is no unwanted pregnancy. What might one of their conversations sound like?

3. Linda sees a lot of different guys and likes having intercourse with two or three of them. None of them want to use condoms because they say it cuts down on the good feeling. What choices does Linda have? What do you think she should do? Role play a conversation she might have with one of the boys.

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Personal Choice

Make believe you're choosing a method of birth control.

What 2 things are MOST important to you (only two) - think hard.

You're making an important choice.

_____ How much the birth control costs.

_____ Making sure the egg and sperm don't meet (no pregnancy).

_____ That your parents don't find out.

_____ Being careful of your health; what are the side effects?

_____ How easy it is to use.

_____ Being able to buy it at a drugstore, without seeing a doctor.

_____ Using something your partner likes too.

_____ Making sure it doesn't go against your religion.

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Homework

name: _____

Please list 3 things you want to learn about V.D. (venereal disease).

Thank you.

1. _____

2. _____

3. _____

lesson:

Sexually Transmitted Disease (S.T.D./V.D.)

goals:

1. For students to gain factual knowledge about sexually transmitted diseases.

2. To increase understanding about the role of the individual in breaking the disease chain.

activities:

1. Question Box
2. Booklets
3. True/False Exercise
4. Film/Filmstrip
5. Role Plays
6. Class Evaluation

materials:

included:

Booklets

True/False

other:

Role Plays
Question Box

Film/Filmstrip

references:

Bell, Ruth, et. al. Changing Bodies, Changing Lives, pp. 216-233.
Lynch, Rome, "STD's and How to Avoid Them" (pamphlet)
McCoy, Wibbelsman. The Teenage Body Book, pp. 161-169.

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Notes for Teachers

LESSON: S.T.D.'s

Try to emphasize three things during this lesson:

1. S.T.D.'s are an epidemic among teens; we must be personally responsible about reversing this trend.

2. S.T.D.'s can be prevented and cured (except for the herpes virus).

3. Without proper medical attention an infected person will be responsible for other people's illnesses.

Activity 1: Question Box

Answer questions in the question box.

Activity 2: S.T.D. Booklet

Although the "booklet" has been printed on large sheets, we would urge you to cut it to size, staple it, and pass booklets to the group.

Students can take turns reading the booklets aloud. Be sure to stop the reading in order to review, clarify or discuss important points.

Ask students to say the names of each disease out loud.

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Activity 3: True or False?

Use this exercise as a review after reading the booklet or at the end of the lesson after the film or filmstrip.

Answer Key

1. False (it's common across all classes, races and ages)
2. False (it is still in the body
3. True
4. False (it could be a bacteria or infection that is not an S.T.D.)
5. True
6. True
7. False (no V.D. goes away without a doctor's care)
8. False (it is an epidemic)
9. True
10. True
11. True
12. False

Activity 4: Film or Filmstrip

The filmstrip, "Sexually Transmitted Disease" is highly recommended for this lesson. See the A/V listings for information on ordering. It is available to borrow from the Adolescent Issues Project.

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Activity 4: Film or Filmstrip (cont.)

Most of the films and filmstrips available on this topic provide information on the diseases and their preventions/cures. Try to find one to augment the other activities in the lesson.

Activity 5: Role Plays

One of the most difficult concepts of this lesson is that people must communicate about S.T.D.'s to avoid aggravating theirs, or risk serious illness of others. The following situations are presented to give students the opportunity to practice talking with others about S.T.D.'s. Try to get to each situation and urge every student to be involved. They will need as much practice as there is time.

Some possibilities include:

1. Telling a doctor about suspected S.T.D.
2. Calling a clinic to get information.
3. Telling a partner about having an S.T.D.
4. Convincing a friend to go to a V.D. Clinic when s/he doesn't want to.
5. Hearing from a partner that s/he has an S.T.D. and you might be infected.

Activity 6: Class Evaluation

Evaluate the class.

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Venereal Disease/Sexually Transmitted Disease

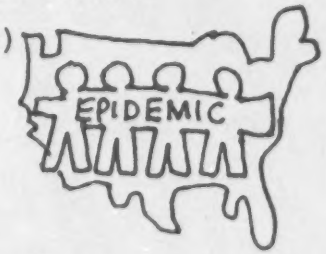
What is it? Where did it come from?

You may have heard of V.D. Well, that stands for Venereal Disease.

Venereal Disease is now called Sexually Transmitted Disease because it is an illness passed through sexual contact, and refers to more than four kinds of diseases.

It is a very old type of disease. Columbus died from an S.T.D. and many kings in Europe went mad from syphilis (one type of S.T.D.)

NOW: more than 500,000 teenagers (½ million) get an S.T.D., every year. This much disease is called an epidemic (ep-i-dem-ic) which means lots of people have it and it is hard to control the disease from spreading.



In the last 75 years, SYPHILIS has killed about 100 million people all over the world.

S.T.D.'s are VERY SERIOUS diseases.

How does a person get an S.T.D.?

S.T.D. germs are usually passed from one body opening to another (mouth, penis, vagina, anus).

Germs love dark, warm, damp places, so they tend to live and grow in the body openings. This is one reason to keep the body very clean. It is harder for germs to grow in a clean place.

Since S.T.D.'s are sexual diseases, and sex is a normal part of most people's lives, many people catch them.

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Facts about S.T.D.'s

:: S.T.D.'s are the 2nd most catching disease in the U.S. (the cold is the first).

:: People who have sex with more than one person are more likely to get an S.T.D.

:: S.T.D.'s are passed between both heterosexuals and homosexuals.

:: CONDOMS help stop the spread of S.T.D.'s.

SYMPTOMS and SIGNS of S.T.D.

It is harder to see the signs of S.T.D.'s in women because their reproductive organs are inside the body.

3 COMMON S.T.D.'s

1. gonorrhea
2. syphilis
3. herpes

1. GONORRHEA (gah-noh-ree-ah)
   Slang: the clap, drip, the whites

Boys get a drip from the penis, with a burning feeling when he urinates (pees). But he may have gonorrhea with no signs at all.

Girls often show no signs of gonorrhea, but sometimes there is the same burning feelings. Many girls and women who get gonorrhea don't know they have it!

If the gonorrhea isn't cured, it could hurt a man's sperm and a woman's eggs. It could make someone sterile (unable to have children).

If a pregnant woman has gonorrhea, her baby's eyes might get hurt when it comes out through the vagina.

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2. SYPHILIS (si-phil-us)
Slang: siff, the pox

3 Stages of the Disease:

Stage 1. A sore, called a chancre (shank-er) shows up on the penis, vagina or mouth. Then the sore goes away, but the disease is still inside the body!

Stage 2. 1-6 months later...a rash on the body, palms of the hands, soles of the feet. Sometimes there are more sores. These signs go away too. The disease stays.

Stage 3. During the next 25 years...syphilis will hurt the heart, brain and other organs. Some people die from syphilis!

A pregnant woman can pass syphilis to her unborn child. The child will probably die.

Both gonorrhea and syphilis are easily cured if an infected person gets to the doctor early. The doctor will give them a shot or two of penicillin. Penicillin cures these diseases.

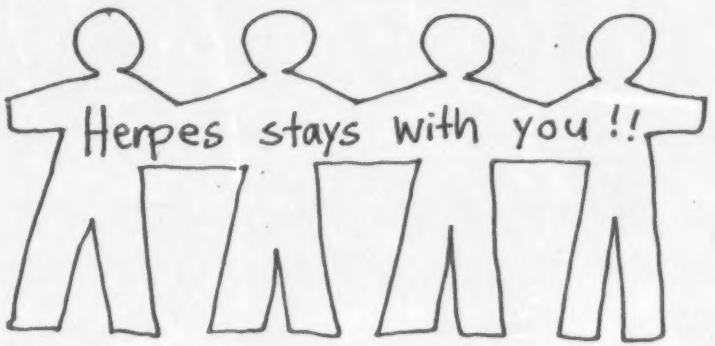
3. HERPES (her-pees)

Sores that look like small blisters, show up around the mouth, vagina, penis, or anus.

Again, if the blisters are inside the woman's vagina, she and her partner will not know she has herpes.

Herpes sores can be very painful.

The sores will go away but the disease stays inside the body for the rest of a person's life.



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Other S.T.D.'s

1. Venereal Warts - wartlike bumps on the inside and outside of the genitals. Same as for other S.T.D.'s. If the warts are not removed they will infect other people, and create problems.

2. Yeast Infections - these infections usually show up in the woman, but can be passed between men and women. One symptom is a strong-smelling, thick, white fluid that comes out of the vagina. These infections can be cured with medicine.

3. Trichomoniasis (Trich) - like all the other infections, this one is usually passed through sexual contact. Both males and females can get it. Its symptoms are itching or tickling around the vagina or penis and sometimes a drip from the penis or vagina.

4. Pubic Lice (crabs) - these little animals as big as a pinhead live on people's bodies, especially in hair. They are passed through contact with skin, clothing,or furniture where the crabs are living. A person can tell if they have crabs by intense itching where they have them. The crabs can be killed easily by using a cream called Kwell. A doctor will give you a prescription for the cream.

The Biggest Problem

People feel embarrassed about sexual diseases. We have been taught that sex is bad, so we don't like to tell anyone when something is wrohg "down there". The biggest problem with S.T.D.'s in our country is that people don't go to a doctor when something is wrong. This way the symptoms go away in a few weeks or a month but the disease will be

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passed to the next partner. It is very important that illnesses be treated by a doctor; the embarrassment will go away, but the disease won't!

Also, people are ashamed to tell their sexual partner(s) when they get an S.T.D. If we don't tell our partner so they can get cured they will keep passing it along or back to us.

Every large city has a FREE clinic where people can go to be checked for S.T.D.'s. Take a minute now to look up the clinic in your phone book.

REMEMBER: (please)

1. Any soreness or redness around the vagina or penis is a reason to see a doctor. Itching and drioping and usually signs that something is wrong.
2. Using a condom during intercourse can help stop the diseases from passing between people. Condoms and foam together PROTECT against both V.D. and pregnancy.
3. Don't have sex with anyone who might have an S.T.D. Many young people have S.T.D.'s. Keeping clean and healthy is important.
4. GO TO A DOCTOR as soon as you think you might have an S.T.D. Doctors can help cure the disease (except for herpes).
5. Make sure that your partner sees a doctor also. Otherwise, the S.T.D. will keep spreading to more and more people.
6. For more information CALL: 800-272-2577. It's free to call.

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True or False

1.	S.T.D.'s are spread mostly by prostitutes.	T	F
2.	Syphilis is cured when the sore goes away.	T	F
3.	There is no cure for herpes.	T	F
4.	Any problem in the vagina or penis is an S.T.D.	T	F
5.	Condoms help stop the spread of V.D.	T	F
6.	An S.T.D. can stay in the body for a long time.	T	F
7.	V.D. goes away if it is left alone.	T	F
8.	Hardly anyone gets S.T.D.'s anymore.	T	F
9.	Teenagers can get free care if they think they have an S.T.D.	T	F
10.	Syphilis, gonorrhea and herpes are <u>very</u> serious illnesses.	T	F
11.	Keeping the genital area very clean helps prevent sexual diseases.	T	F
12.	Itching or redness around the vagina, penis, or anus is nothing to worry about.	T	F

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Adolescent Development and Sexuality

lesson:

Birth and Parenting

goals:

1. Students will see birth as a dynamic process.
2. For students to be aware of some of the variables of parenting that need consideration when making a decision about whether or not to have a child.

activities:

1. Question Box
2. Film
3. Guest Speaker (optional)
4. Brainstorm: Decisions about Parenting
5. 5-Steps to Make a Decision
6. Parenting: Hands-on
7. Class Evaluation

materials: included:

5-Steps to Make a Decision

other:

Question Box
Film
Guest Speaker
Eggs
Markers
Yarn

references:

Johnson, E. and C. Love and Sex and Growing Up, pp. 23-27.
Kelly, G. Learning About Sex, pp. 148-152.
McCoy, Wibblesman, The Teenage Body Book, pp. 186, 189, 198-200.
Ulmschneider, A. Exploring the Parenthood Choice -- An Activities Guide for Educators.

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Activity 1: Question Box

Answer questions in the box.

Activity 2: Film

Try to find a film that shows a live birth scene. Though many adults shy away from showing students such graphic material, most adolescents are curious about this very natural and important part of our existences. With appropriate teacher introduction and sensitivity to the possibility of student discomfort, the experience of seeing a birth film can be very special and fulfilling for the group.

"Childbirth" is a short portrayal of one couple's preparation for and delivery of their baby. It is a warm and sensitive presentation highlighting the active participation of the father. You may find other films locally that you will choose to show, but be certain to preview, as many of them are unnecessarily technical.

"Teenage Father" is not a birth film. It is the "true" story of a teenage couple grappling with an unplanned pregnancy. It is filmed in documentary fashion and explores some of the very difficult choices and issues the couple must face. This film is an excellent discussion-starter.

Both of these films are listed in the Audio-Visual section preceding the curriculum.

Below please find some suggestions for discussion topics and questions that could follow each of the suggested films.

1. "Childbirth".

   --Do you think the husband in the film was typical? Why? Why not?

   --What are some other ways this couple could have had their baby? (at home, with a midwife, Cesarean, with drugs, not natural)

   --What is a natural childbirth?

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Activity 2: Film (cont.)

2. "Teenage Father"

--What were some of the attitudes about birth control shown in the film?

--What choices did John and Kim have?

--What were some of the feelings John and Kim had about the baby?

--What do you think will happen to Kim, John and the baby?

--List some of the ways that a baby changes peoples' lives.

Activity 3: Guest Speaker

You may want to ask a couple or two to come in and talk about their pregnancy and birth experiences. Try to find people whose experiences have differed (hospital, at-home, midwife). Students love first-hand accounts.

A valuable activity would require that students develop questions before the guests' visit.

Activity 4: Brainstorm: Decisions About Parenting

A. What are ten things people need to think about when they are deciding whether or not to have a baby?

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B. List student responses on board. List as many issues as the group can think of, but at least ten. The list will include: financial considerations (shelter, food, clothing, medical), emotional readiness, time availability, parent relationships, etc.

Activity 5: 5-Steps to Make a Decision

A. Distribute 5-Steps sheet, unless students have copies in their folders from previous lessons.

B. Class divides into two same-sex groups. The girls take the perspective of an unemployed high school graduate girl who married her high school boyfriend. The boys are the husband who is a waiter at a restaurant. They are deciding whether to try to get pregnant. The students should use the 5-steps to explore the consequences to each side of the question.

C. The groups share their decision from each perspective and the rationale for that decision.

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Activity 6: Parenting - Hands-On

A. Teacher introduction

This experiment in parenting was done in a high school. We learned of it on the radio. A home economics class did the experiemnt for a whole week with whole eggs. Our experiment was done with empty eggshells for only 24 hours.

First, the inside of each egg needs to be blown out, so only the empty shell remains. Make sure to have a few extras on hand. The students actively participate in blowing out the eggs.

The egg is meant to represent an infant. The idea is to care for an infant for a full 24 hours, as if it were your baby. This includes not leaving the egg alone at all, not crushing it, not leaving it in a drawer, etc.

When presenting it to students, explain the "learn by doing" philosophy. Help them understand the importance of symbols; the egg symbolizes an infant.

The purpose is to give students and teachers a taste of the responsibilities inherent in having a baby. It is important for staff to participate in such a demanding exercise.

You and your group will have to determine the follow-up to this experiment. We chose to get together 24 hours later and share our experiences. If the "baby" is no longer in existence, the "parent" will be expected to explain what happened, staff included.

B. Pass out eggs

C. If a student refuses to do the experiment, ask these questions:

Why?

What is hard about doing it?

What does it mean that you don't want to do it? (The idea is that a student who can't do it is probably not ready to be a parent.)

D. Allow time for students to name "it", draw on "it", make it a bed, give it a personality (with yarn hair, etc.). You will need markers, yarn, glue, glitter, and other supplies.

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Activity 6: Parenting - Hands-On (cont.)

E. Final reminder might be: All students and teachers are expected to treat the egg as they would an infant/a baby. All students and teachers are expected to be at the meeting the next day with their baby. All students and teachers are expected to share one aspect of their experience with the others. Remind the students that their parent(s) can help; after all, it's old hat to them, and people with babies usually rely on others to help them out.

Activity 7: Class Evaluation

Evaluate the class.

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lesson:

Lifestyles

goals:

1. To gain awareness of the variety of lifestyle choices.
2. To practice taking others' perspectives.

activities:

1. Question Box
2. Brainstorm -- Lifestyles
3. Families -- Comparison Exercise (Discussion)
4. Lifestyle Choice -- Stories
5. Life Line
6. Why Get Married?
7. Interview an Elder
8. Class Evaluation

materials:

included:

Brainstorm
Families
Lifestyle Choice Stories
Why Get Married?

other:

Question Box
Pictures of Families
People to Interview

references:

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Notes for Teachers

LESSON: Lifestyles

Activity 1: Question Box

Answer anonymous questions.

Activity 2: Brainstorm: Lifestyles

A. Ask students: What is a lifestyle? Answer: the way people choose to live their lives.

This lesson will focus only on different types of living arrangements, not the characteristics of various lifestyles.

B. 1. Urge students to name all the styles for living they have seen or heard about.

2. List these on the board. Responses may include:

a. living alone

b. getting married

c. nuclear family (2 parents and children)

d. unmarried couple (gay and straight)

e. with friends (cooperative and non-cooperative)

f. extended family

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Activity 3: Families -- Comparison Exercise

The group will reflect on the lifestyle of living within a family by comparing T.V. families with those in their neighborhoods. The questions below can guide the discussion. Some pictures of "typical" families may help make the discussion more concrete.

1. Make two columns on the board. Label one "T.V.", the other "Neighborhood".
2. What kinds of families are seen on T.V. (nuclear, extended, single parent)?
3. What races and ethnicities are the families?
4. What is the income level of these families?
5. List some of the typical problems faced by T.V. families.
6. Do all the families have children?
7. What other lifestyles are shown on T.V. shows? (same-sex living together, unmarried hetero/homosexual living together, etc.).

Now ask the same questions about families in the students' neighborhoods. Compare the two lists, helping students to reflect on what is considered "normal" in our society. Help them think about how their attitudes toward families and lifestyles have been impacted in T.V./movies.

Activity 4: Lifestyle Choice Stories

These stories describe 6 different people and their situations. The purpose of the activity is to present various influences on peoples' choices of living arrangements, so that students can reflect on how/why people choose to live the ways they do.

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Activity 4: Lifestyle Choice Stories -- cont.

A. Pass out case sheets. Students can work individually or in pairs.

B. Read directions aloud. Help students to be thoughtful and careful in their choices.

C. When all students have finished, ask each child or pair to read aloud one case, their choice and state the reason for their choice.

D. Discuss each selection especially if there is disagreement within the group. Help students to take the perspectives of each character.

Activity 5: Life Line

A. Draw a Life Line on the blackboard. For example:

		Years Old			
0-5	5-16	17-25	26-35	36-60	60-80
_____	_____	_____	_____	_____	_____

B. Under each phase ask students to list the types of lifestyles that might be typical for each age group. Ask them to list as many as they can think of.

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Notes for Teachers

Activity 6: Why Get Married?

A. Pass out the Student Worksheet.

B. Read each phrase aloud.

C. List the reasons on the board

D. Tally the responses for each reason.

E. Help students discuss marriage, its pros and cons, and allow them to share personal viewpoints.

Activity 7: Interview an Elder

One valuable way to get at this information would be to interview some elderly people about the lifestyles they have experienced.

Students can be assigned to interview one elder they know for homework or, guest elders can come to your site for a group interview.

Help students find out what the influences were each time a lifestyle change occurred.

Activity 8: Class Evaluation

Evaluate the class.

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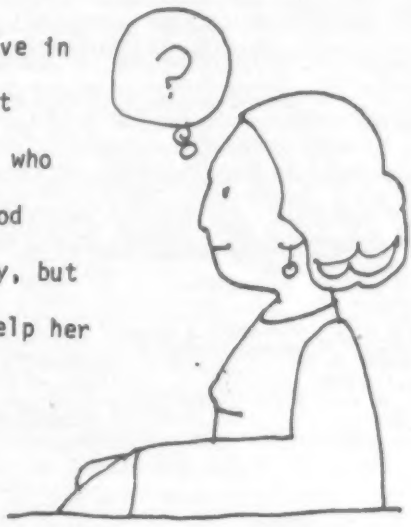
LIFESTYLE CHOICES

Directions: After reading about each person, choose the living style you think will work out for them. Make sure to have a reason for your choice.

* * * * * * * * * * * * * * * * * * *

1. Tina is 18. She and her mother live in a one bedroom apartment. Tina works at a bakery after school. Her boyfriend, who she's been dating for a year, has a good job. She and her mother get along okay, but she is deciding how to live. Please help her make a choice.



_____ alone

_____ move in with girlfriends

_____ live with her boyfriend

_____ stay with her mother

_____ get married

2. Chris and his wife were married for 30 years. He taught at the town high school. His children live in the same state, but he doesn't see them too often. Last year, Chris' wife died and he retired from his job because he was 65. Help Chris make a choice about how to live.

_____ alone

_____ in houses for older people

_____ with a friend or two

_____ with his children and their families

_____ _____

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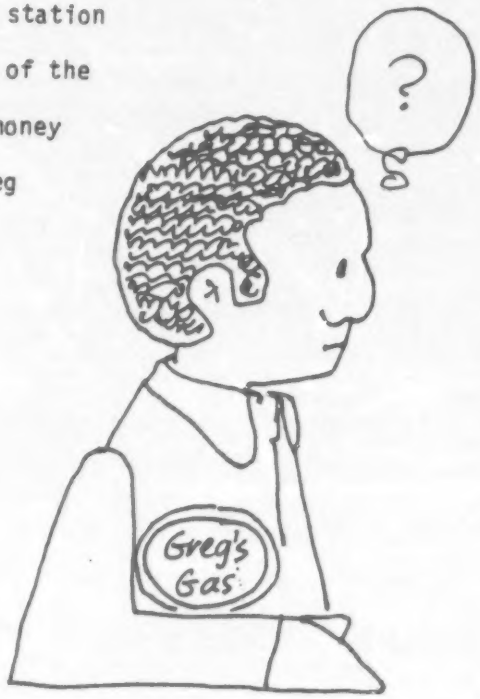
Lifestyle Choices (cont.)

3. Greg has been working at the same gas station for five years. Last month he became one of the bosses. He's been able to save a lot of money by living at home. Greg is gay. Help Greg choose a way to live.



_____ stay with his family

_____ live with a lover

_____ live with a group of adults

_____ alone

_____ _____

4. Gil's parents died when he was a little boy. He has been living with his aunt, uncle, and two cousins for ten years. Now his aunt and uncle are thinking of getting a divorce and Gil has some choices about where to live. Help him make this difficult choice.

_____ stay where he is

_____ live in a foster home

_____ move in with other relatives

_____ live in a group home with lots of other kids

_____ _____

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Lifestyle Choices (cont.)

5. Ever since Robin finished high school, he has worked at two jobs. For a few years, he has been living in an apartment with a few friends. Robin is 25 and has been unemployed for 3 months. How will Robin choose to live?

_____ with his same friends

_____ alone

_____ with his family

_____ with a lover

_____ with a group of adults

6. Joan and her husband have one child. They both work full-time; Joan is a bus driver. She and her husband are getting a divorce. One of the problems they have is that Joan is an alcoholic. Where should she live?

_____ with her parents or other relatives

_____ with a group of adult friends

_____ alone

_____ at a special house for alcoholics

_____ with a new lover

_____ _____

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lesson:

Student Post-Assessment and Course Evaluation

goals:

To complete post-test and course evaluation in order to evaluate student learning and interest.

activities:

1. Question Box
2. Sex Education Post-Assessment
3. Course Evaluation (written)
4. For Your Information...
5. Course Evaluation (verbal)
6. More Questions...

materials:

included:

Assessment
Evaluation

other:

For Your Information...
Question Box

references:

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Notes for Teachers

LESSON: Post-Assessment

Activity 1: Question Box

Answer anonymous questions

Activity 2: Post-Assessment

A. Pass out assessments

B. Read each question aloud to students

C. Collect assessments, OR

D. Go over the assessments in class, with students correcting their own or others'.

E. Use these assessments as a comparison with the pre-test to help determine student learning.

F. Answer key (see next page)

Activity 3: Course Evaluation (written)

A. Add your own questions if you want to know other/different things.

B. Pass out evaluations.

C. Read it aloud to students.

D. Collect evaluations to inform planning for future courses.

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Answer Key (to Assessment)

1. b. uterus
2. c. store and release eggs
3. b. penis
4. c. sperm
5. c. a time of changing from a child to a teenager
6. b. menstruation
7. a. sperm and an egg meet
8. c. 9 months
9. b. having sex with someone who has the disease

True or False

1. T	7. T	13. T
2. T	8. F	14. F
3. T	9. T	15. T
4. F	10. T	16. T
5. T	11. F	17. T
6. T	12. T	18. F

Problem-Solving

The assessment measure contains some questions that are designed to measure facets of interpersonal skills. As these skills are more basic and more complicated than learning "facts" they are also more difficult to measure. Thus, the assessments are meant to provide very rough guides at best to the students' conceptions of how to handle different situations.

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Activity 4: For Your Information...

A. Write up and pass out a sheet that lists local agencies that can help with sexually-related questions and concerns. A sample listing for the Boston area is included in this lesson.

B. Go over it with students.

Activity 5: Course Evaluation (verbal)

Use the same structure/method for evaluating the module as you would for evaluating individual lessons.

Activity 6: More Questions

Answer and/or collect unanswered questions.

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ADOLESCENT DEVELOPMENT AND SEXUALITY
POST-ASSESSMENT

Directions: This is NOT a test. It is only to find out what we need to teach this year. For many of the questions there is MORE THAN ONE right answer. Circle whichever answers you think are right. Don't forget: circle as many answers as you think answer the question. Have fun. Take your time....

Name: _____

Date: _____

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Field Test Copy

SEX EDUCATION ASSESSMENT

Please circle the answer you choose.

1. Have you ever had a Sex Ed. class before?

YES NO

2. Do you ever talk with people about sex?

YES NO

3. With whom?

Brothers/sisters Friends Parents Teachers

Counselor Therapist

4. How do you feel about talking about sex?

scared good embarrassed okay shy

5. What does the word ADOLESCENCE mean to you?

SEX EDUCATION ASSESSMENT/2

1. A baby grows in a woman's:

   a. fallopian tubes b. uterus c. stomach

2. The ovaries' job is to:

   a. make sperm b. make babies c. store and release eggs

3. A man's sex organ is called a:

   a. sperm b. penis c. erection

4. For a baby to begin, a man's _____ must meet with a woman's egg.

   a. testicles b. urine c. sperm

5. Puberty is:

   a. hair on your body b. having a baby c. a time of changing from a child to a teenager

6. Another word for having a period is:

   a. birth control b. menstruation c. vagina

7. Fertilization happens when:

   a. sperm and an egg meet b. baby comes out c. a boy and girl kiss

8. How long does it take for a baby to grow inside the mother?

   a. 12 months b. 6 months c. 9 months

9. Sexually transmitted diseases (VD) are passed between people by:

   a. dirty toilets b. having sexual contact with someone who has the disease
   c. masturbation

10. Do you think adolescents make good parents? YES NO Why?

TRUE or FALSE

1. In order for a baby to start, you need a sperm and an egg. . . . .T F

2. A girl can get pregnant the first time she has intercourse . . . .T F

3. Contraceptive foam kills sperm . . . . . .T F

4. Boys know more than girls about sex. . . . . .T F

5. A homosexual is someone who has most of their sexual relations with people of the same sex . . . . . .T F

6. Syphilis and gonorrhea can be cured with penicillin. . . . . .T F

7. Many people have sexual feelings toward people of the same sex (girls for girls, boys for boys). . . . . .T F

8. Raising a child is cheap and easy to do. . . . . .T F

9. Birth control is available for both men and women. . . . . .T F

10. Many teenagers have intercourse before marriage. . . . . .T F

11. Everyone's body changes at the same age. . . . . .T F

12. A boy can be a virgin. . . . . .T F

13. There are many different kinds of birth control. . . . . .T F

14. Most adults know everything about sex. . . . . .T F

15. Boys never use birth control . . . . . .T F

16. Most teenagers grow pubic hair . . . . . .T F

17. Condoms help stop the spread of V.D. . . . . .T F

18. You will not get an S.T.D. as long as you keep clean . . . . . .T F

PROBLEM-SOLVING: What is your opinion?

1. A friend has the symptoms of an S.T.D. (sexually transmitted disease). What would you tell them to do first?

   a. take aspirin
   b. forget about it, wait to get better
   c. call a health clinic
   d. get more information

2. Your brother or sister wants to have intercourse. What would you tell him/her is the most important question they have to ask themselves?

   a. Do they love the person?
   b. What kind of birth control should they use?
   c. Will they feel badly afterwards?
   d. How do you have intercourse?

3. Circle the 3 most important reasons why you think teenagers try intercourse?

   a. to feel good
   b. to get pregnant and have a baby
   c. to make their parents mad
   d. because their friends have tried it
   e. to see what it's like
   f. to act grown up
   g. so they don't lose the person they're with

4. Susan and Jay have been friends for a long time. Lately Jay has been acting as if he would like Susan to be his girlfriend. Susan is not sure how she feels about Jay, but is not ready to be romantic or sexual with him.

   What do you think Jay could do to find out how Susan is feeling? List some things he could do:

   a. _____
   b. _____
   c. _____
   d. _____
   e. _____

   What do you think Susan could do to let Jay know she is not ready to go further? List some things she could do:

   a. _____
   b. _____
   c. _____
   d. _____
   e. _____

5. For the past two years your parents wanted you to be home by 9:00 p.m. You would like to stay out until 11:00 p.m. Which of the following would be good ways to deal with the rpoblem? (Circle 1 or more of the letters.)

   a. Stay out until 11:00 p.m.
   b. Suggest a compromise of coming in at 10:00 p.m.
   c. Talk to your parent(s) about why you think you should be allowed to stay out later.
   d. Come in at 9:00 p.m. and wait for your parents to change their minds.

6. George and Joy have been dating for a few months. George likes Joy alot, but wants to be able to see other girls also. He's pretty sure that Joy wouldn't go for that. What is a good way for George to handle this situation? _____

_____

_____

_____

Why would that be a good idea? _____

_____

_____

_____

7. Mary goes for a check-up and findsout from the doctor that she has an S.T.D. Her doctor says that in order to stop the disease from spreading, she should tell her former boyfriend, Lenny, so he can be taken care of. Mary is not sure if she wants to because it was a long time ago. Besides, Lenny broke up with her for another girl. What should Mary do?

_____ a. Have a friend call Lenny for her.

_____ b. Not worry because boys always know when they get an S.T.D.

_____ c. Find out who Lenny is going out with now and tell her.

_____ d. Not tell him because he's the one who gave it to her, so he deserves it.

_____ e. Ask the doctor to call for her.

Sex Education

Course Evaluation

Name please, if you wish _____

Please let us know what you think. We will use your ideas when planning other courses. Thanks.

I. Please put a check ✓ next to the topics you know more about now than you did in the beginning of the year.

_____ male reproductive system

_____ female reproductive system

_____ how peoples' bodies change and grow

_____ menstruation

_____ choosing a friend

_____ dating

_____ making decisions about sex

_____ homosexuality

_____ fertilization

_____ pregnancy

_____ birth

Sex Education -- Course Evaluation (cont.)

_____ responsibilities of being a parent

_____ birth control methods (condom, foam, pills, etc.)

_____ making decisions about birth control

_____ V.D./S.T.D.'s

_____ Other: _____

II. Now go back and circle the topic you learned the MOST about.

III. If you were teaching this course, what would you do?

_____ show movies

_____ have guest speakers

_____ show filmstrips

_____ do role-plays

_____ read booklets

_____ do myth and fact sheets

_____ have class discussions

IV. Do you think that sex education will help you make better decisions in your own life?

_____ Yes _____ No

Sex Education -- Course Evaluation (cont.)

V. If yes. check what has helped.

_____ role-plays

_____ doing worksheets

_____ learning facts

_____ from teachers

_____ from other students

_____ movies and filmstrips

_____ homework

VI. If No, what would help you more?

_____ more role-plays

_____ more facts

_____ reading

_____ talking

_____ more homeowrk

_____ more movies

VII. Do you like having co-ed (boys and girls) classes?

_____ Yes _____ No

Sex Education -- Course Evaluation (cont.)

VIII. Do you feel like you know enough to teach your friends about sexuality?

_____ Yes _____ No

What topics? _____

_____

_____

_____

_____

_____

IX. Do you like having two teachers?

_____ Yes _____ No

X. Do you think all teenagers should have a sex education course?

_____ Yes _____ No

Why? _____

_____

_____